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ORIGINAL PAPERS

A RELIGIOUS EXPERIENCE

BY

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In the autumn of 1927 I had, very willingly, received a visit from a German-American journalist (G. S. Viereck), who then published a conversation with me recounting my lack of religious beliefs and my indifference to survival after death. This so-called interview was widely read, and, among others, it brought me the following letter from an American medical man:—

'. . . What struck me most was your answer to the question whether you believe in a survival of personality after death. You are reported as having said, "I give no thought to the matter".

'I am writing now to tell you of an experience that I had in the year I graduated at the University of X. One afternoon while I was passing through the dissecting-room my attention was attracted to a sweet-faced dear old woman who was being carried to a dissecting-table. This sweet-faced woman made such an impression on me that a thought flashed up in my mind, "There is no God: if there were a God he would not have allowed this dear old woman to be brought into the dissecting-room".

'When I got home that afternoon the feeling I had had at the sight in the dissecting-room had determined me to discontinue going to church. The doctrines of Christianity had before this been the subject of doubts in my mind.

'While I was meditating on this matter a voice spoke to my soul that "I should consider the step I was about to take". My spirit replied to this inner voice by saying, "If I knew of a certainty that Christianity was truth and the Bible was the Word of God, then I would accept it".

' In the course of the next few days God made it clear to my soul that the Bible was his Word, that the teachings about Jesus Christ were true, and that Jesus was our only hope. After such a clear revelation I accepted the Bible as God's Word and Jesus Christ as my personal Saviour. Since then God has revealed himself to me by many infallible proofs.

' I beg you as a brother physician to give thought to this most important matter, and I can assure you, if you look into this subject with an open mind, God will reveal the *truth* to your soul, the same as he did to me and to multitudes of others. . . .'

I answered this letter politely, saying that I was glad to hear that it had been possible for him to preserve his faith in consequence of such an experience. God had not vouchsafed so much to me ; he had never let me hear an inner voice, and if he did not make haste—in view of my age—it would not be my fault if I remained to the end what I am now—an infidel Jew.

My colleague's well-intentioned epistle also contained assurances that to be a Jew was no obstacle to acquiring the true faith and gave various instances to prove this. It culminated by telling me that prayers were being earnestly offered for me to God that he should grant me ' faith to believe.'

The result of this entreaty has still to show itself. Meanwhile our colleague's religious experience offers food for reflection. I might say that it calls out for an attempt to interpret it as affectively determined, for in itself it is improbable and particularly illogical. As we know, God allows other horrors to exist in the world very different from the body of an old woman with an attractive face being brought to the dissecting-table. These horrors have always existed, and must have been happening at the time the American doctor was pursuing his studies, while as a medical student he cannot have lived such a sheltered life as to know nothing of all such ghastliness. Why then did his indignation against God break out particularly at that sight in the dissecting-room ?

The explanation—to anyone who is accustomed to consider people's inner experiences and acts analytically—is easy, so easy that it became part and parcel of my memory of the occurrence. Once in a discussion, when I was referring to my devout colleague's letter, I mentioned that he had written that the dead woman's face had reminded him of his mother. Well, that was not in the letter, and one's next thought is that that could not possibly have been in the letter ; but it is the

explanation that inevitably forces itself on one in view of the tender words he uses about the old woman. One may fairly attribute the young doctor's weakness of judgement to emotions evoked by the memory of his mother. And since one cannot rid oneself of the bad psycho-analytic habit of finding proofs in all kinds of minutiæ that are also capable of less deep-seated explanations, one will also remember that later the writer addresses me as ' brother physician '—an expression not easy to paraphrase.

It may be supposed, therefore, that what had happened was this. The sight of the naked body (or one which was just going to be exposed) of a woman who reminded the young man of his mother stirred up in him the longing for her which derives from the Œdipus complex, and this in its turn is instantly supplemented by feelings of revolt against the father. Father and God are not yet very widely separated in his mind : the desire to abolish his father can become conscious in the form of doubts about God's existence, which may then be disguised and excused by his reason into indignation at the ill-treatment of his mother. It is typical, too, for a child to regard what his father does to his mother in sexual intercourse as ill-treatment. The new stirrings of feeling which have arisen on the score of religion are only a repetition of the Œdipus situation, and consequently after a short time they meet with the same fate. They succumb to a powerful contrary feeling. During the conflict the two opposed feelings are no longer retained on the ground to which they had been displaced ; no arguments in justification of God are attempted, nor are we told what were the infallible proofs by which God proved his existence to the doubting man. The conflict seems to have been played out in the form of a hallucinatory psychosis ; inner voices make themselves heard and utter warnings against opposition to God. The outcome of the struggle again takes place on religious ground ; it is that predestined by the fate of the Œdipus complex : full subjection to the will of God the Father ; the young man becomes a believer and accepts all that he had been taught since childhood about God and Jesus Christ. He has undergone a religious experience, a conversion.

All this is so simple and transparent that one cannot avoid wondering whether the explanation of this case does not contribute something to the psychology of religious conversion in general. I would refer here to a very able book by Sancte de Sanctis (*La conversione religiosa*, Bologna, 1924), in which, moreover, all the findings of psycho-analysis are taken into account. This book confirms one's expectation that

by no means all cases of conversion are so easy to understand as that related here, but that our case does not at any point controvert the conclusions which modern research has come to on this subject. The special feature of the instance I have quoted lies in its immediate connection with a particular incident, which enabled the unbelief to flare up once more before it was finally overcome for that person.

PSYCHO-ANALYSIS AND DESIGN IN THE PLASTIC ARTS

BY

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LONDON

In speaking of design in art I intend here to use the term solely in connection with the plastic arts and to include under this heading not only sculpture and architecture, but all forms of graphic art (drawing, painting, pure ornament, etc.). The difference of medium employed in these several arts leads to an expression in two or three dimensions respectively.

Diverse as the results are, the factor of design is at least one common property between them. In all these arts there is seen to be an impulse at work to represent the forms of objects, or purely imaginary forms, in some particular arrangement. That arrangement we speak of as design or composition.

Since the days of the ancient Greeks and later the revival of their point of view at the Renaissance the aim of Western art seems more and more to have involved the realistic representation of objects, until in the nineteenth century this became almost the sole criterion by which a work of art was judged.

The more critical in these matters, however, refused to accept mere realistic representation as the only standard of merit ; and since the days of the Impressionists up to the present time a strong reaction of feeling has taken place against the deadening effect of this outlook.

The imitation of Nature may be carried out by such mechanical means as the camera affords far more faithfully in regard to detail than by the laborious efforts of any individual, and yet the result may be much less satisfying. Wherein lies the difference ?

Putting colour out of the question, it is generally acknowledged that the main difference is in the question of design, composition or arrangement, whichever term we like to use.

It is agreed by most artists, critics and writers on the subject of art that any form of plastic art fails to make a satisfactory appeal if it is lacking in this element.

A picture, for instance, may appeal from other more subsidiary points of view, such as its realistic representation of Nature, its historical or legendary interest, its dramatic content or its sentimentality ; but these only form the main basis of appeal if the picture is lacking in design.

Certain questions, therefore, are opened up here as to what more definitely we mean by design? What is its aim? How is it achieved? and, finally, What is its deeper psychological significance?

It is difficult to answer the first three questions independently of each other, as the answer to each is more or less implied in the others. We may say tentatively that by a design or a composition in a work of art we mean the arrangement of the forms represented, or of the lines made by these forms, in such a way that they produce a satisfying feeling to the onlooker.

But this still leaves us with the question, What is it that produces the satisfying feeling in these arrangements of forms and lines?

There are admittedly good designs and bad designs; a good design brings a definite gain of pleasure to the onlooker, whereas a bad one may produce feelings akin to pain.

The investigation of pure ornament is perhaps the best approach to the question, for here we can deal with very regular forms arranged in a very definite way.

I mean by pure ornament the arrangement of forms as applied architecturally in relief or in the flat, as in wall-paper designs, Persian rugs, book covers, the painted decoration on vessels, etc., etc., with the object of producing what is called a decorative effect.

Ornamental forms in complete relief must be considered as sculpture.

The nature of the forms used in ornamental design is not of so much importance as the arrangement of them. Thus a design may be produced by the arrangement of human figures, of animals, of floral, geometrical, or purely phantastic forms. The consideration of a number of satisfying designs seems to demand in them a number of factors and qualities which are intimately connected with one another.

If we consider for a moment ornament applied to a flat surface, such as one often sees in the shape of some formal pattern on the cover of a book, the first thing that strikes one is that there was an impulse to produce a pleasing form in definite relationship to the space it occupies.

It is impossible, therefore, to consider the design as such without taking into consideration the space it occupies.

What appears to be necessary in a design is the existence of a defined space in which certain forms are arranged in such a way that they produce the appearance of having two qualities, namely, (1) stability and (2) vitality. That is to say, firstly, that the forms used in the

design must appear to be in stable relationship to the space they occupy, and, secondly, that the whole effect of the design must be one of its having ' vitality.'

The defined space must be of regular form, such as a square, oblong, circle, oval, diamond shape or regular variation of one of these.

The appearance of stability in the design is achieved by a definite relationship of the forms to one another and to the defined space.

The space must appear to be either equably filled by the forms or the forms must be so placed or poised in the space that they suggest the appearance of stability.

This entails, as I shall illustrate presently, that the forms shall be placed neither too close to one another nor too far apart if they are separate forms and neither too close to nor too far from the boundaries of the space.

If this relationship to each other and to the space is a satisfactory one, then other appearances are produced which are, however, inherent in the appearance of stability.

The secondary appearances are those of—

(*a*) immutability ;
(*b*) continuity or completeness ;
(*c*) strength.

That is to say that if the appearance of stability is produced in the design it appears to be immutable, as if it could not be altered without producing feelings of impending disintegration. It appears to be the best possible relationship of the forms to one another and to the space.

The appearance of continuity depends upon the way the forms are spaced and upon the rhythm of line created by their distribution in the space. For instance, a series of forms in a space may be arranged so that they form the arc of a circle or by interweaving in arabesque formation produce the effect of a continuous line.

The appearance of strength in the design is produced by (1) the vital way in which the form is expressed, (2) the stable way in which the forms appear to be placed in the space.

But this appearance of strength is helped also by (3) the proportion in size of the forms relative to the space. Thus a design created from small forms occupying a large space will not produce such an appearance of strength as an arrangement of larger forms more in proportion to the space.

It will be seen from this that the appearance of stability, with its

implied ideas of immutability, continuity and strength, is largely a question of the particular distribution of the forms making the design in the space they occupy and their proportion in size to the space and the vital way in which they are expressed.

The third necessity which I have demanded in a good design is the appearance of vitality. The whole design must produce a live effect. There are several ways in which this live effect is produced, namely, (1) by the shape of the forms, (2) by rhythm of line, and (3) by rhythm created by repetition of forms in the same way.

The nature of the form does not matter so much as the way in which it is expressed.

When, for instance, a natural form is used, an abstract of the idea of this is much more likely to produce a 'live' effect where it is repeated in a design than a realistic representation. This abstract consists in eliminating all unessential details and expressing the form in a purely conventional way.

The convention usually expresses some vital characteristic of the object which is presented in a formal way.

This convention takes the form either of rigid representation or rhythmic line. In illustration No. 1, a conventional representation of a peacock taken from a Persian rug, there is no attempt to copy Nature, but merely to give an abstract of the idea of a peacock. It must be admitted, I think, that the rigid formal conception of the idea produces a feeling of alertness, vitality and strength, which a more realistic attempt might easily fail to do.

Rhythm of line also creates the appearance of vitality, as when a curved line made by some form is repeated again and again in a full and symmetrical way.

Forms repeated in exactly the same way produce a rhythmic effect, like the insistence of a particular theme in an orchestration.

Repetition also helps to produce an appearance of continuity in the design and at the same time emphasizes the importance of the particular form expressed.

Rhythm of line, also rhythm produced by repetition to a lesser extent, produces the vital appearance of pulsation or movement.

A line, for instance, may appear either a dead or a vital thing. A sinuous line straggling about with no particular intention appears dead, whereas one which is repeated symmetrically in full rhythmical curves will produce a vital effect, as if it were full of resiliency and life.

Reference to the simple illustrations will help to make these points clear.

If a circle is drawn on a piece of paper (illustration 2) this form does not appear to be related to any definite space, but the moment a square line is drawn round it a space is defined to which the circle is definitely related (3). If, however, this circle is placed more to one side than the other, (4) a feeling of insecurity exists, as if the circular form was moving out of the space: there appears to be no stability; in order to establish this it is necessary to place the circle exactly in the centre of the square (3).

If four circles are used instead of one in order to produce the appearance of stability and continuity it is necessary to place the circles towards the corners of the square (5). But they must not be placed too near the corners, otherwise they tend to lose their relationship to one another, and their appearance of continuity with one another is destroyed (6). A fifth circle placed in the centre (7) adds greatly to the feeling of continuity or completeness. They seem now to be knit together into a unit which appears to fill the square in an equable and stable manner. In illustration 6 the feeling of strength is lacking because the circles are too small in proportion to the square and also because they seem so detached from each other that no appearance of unity is produced.

In illustration 8, representing a vessel with a floral design on its surface, the feeling of stability in the forms is perfect owing to the exact relationship of forms to the spaces they occupy. Each flower is of such proportion that it appears to occupy its space fully. At the same time a great feeling of vitality is produced by the rigid formality of the flowers, which produces much more effect in this direction than could be obtained by filling the spaces with realistic representation of flowers.

An abstract of the idea of strength and life has been made which consists in a rigid symmetrical form.

The feeling of vitality is increased also by the repetition of the forms, which produces a rhythmic appearance. This vital feeling of rhythm produced by repetition is greater where curved forms are repeated in a uniform way, as in the serpentine decoration at the top of the vessel.

So much, then, for the forms in ornamental design which fill the space. The greater the feeling of vitality which can be produced in them by the various means discussed and the more satisfactory the distribution of them in the space, the better the design.

There are designs which people allude to as 'bold' or 'strong', as

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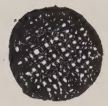

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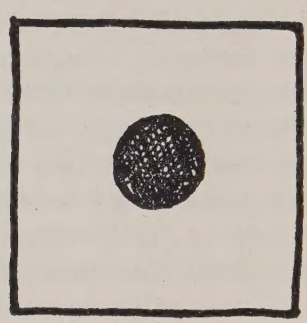

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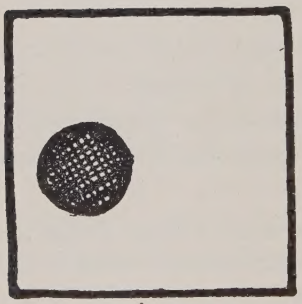

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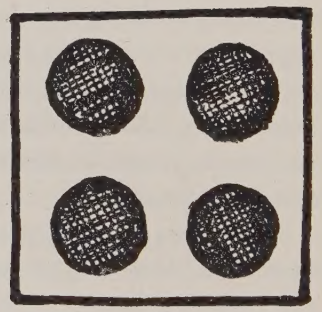

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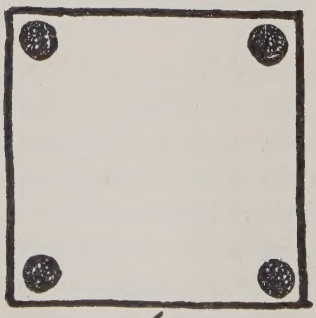

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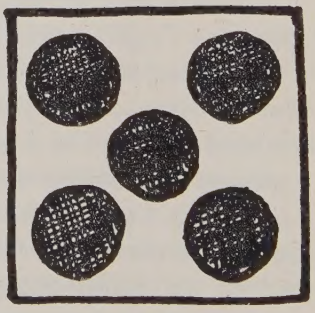

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if they were expressed with no indecision or timidity of purpose. They are usually designs in which the forms are of excellent proportion in size to the space and in which the feeling of vitality produced in the ways discussed is great.

It is necessary now to say a little more about the defined space in design, as this is of very great importance. In the interpretation of design I shall endeavour to shew that the space has one meaning in the Ucs and the vital forms filling it another.

As was stated, the space may be of any regular form. In many designs careful scrutiny will shew that the space is repeated again and again by a process of varying and superimposing them on one another or within one another. For instance, in illustration 9 the lines copied from a Persian rug shew a variation of oblong spaces and diamond-shaped spaces within one another. The whole design appears as if variations of oblong, oval and diamond-shaped forms were placed one over the other, each being smaller than the former.

In another design this repetition may not be superimposed, but may be repeated latitudinally or longitudinally according to the object which is being decorated.

II

When we turn our attention to painting and other forms of graphic art we find the same principles hold good.

For a painting to make a full appeal it must fulfil the demands in regard to the filling of the space and the appearances of stability and vitality which have been postulated in regard to pure ornament.

These are the factors which establish the design or composition in a picture which is the primary essence of its æsthetic appeal.

No painting devoid of design can make a full appeal except to those whose judgment is obsessed with the idea of realistic representation or whose interest lies solely in the literary, historical or other quality of the work. It is not implied that these latter may not have a place in a good picture, but it is maintained that they do not comprise the essence of the æsthetic appeal ; that this essence lies primarily in the design or composition of the forms in the picture.

Without design the picture loses in the appearance of vitality.

Most critics at the present day insist that a picture primarily should be a decoration, that is, that the forms entering into it should be arranged in the form of a decoration in the same way as in pure ornament. The dramatic, historical or other interests should be made

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11.

11 (rough sketch).

entirely subservient to this first motive. The analysis of pictures by great masters of the art always shews that design plays a very important function in their pictures, that form and line, colour masses and masses of light and shadow, have all been manipulated to subserve this object. Many artists having formulated a conception for a picture before using any models, make rough pencil sketches of arrangements of figures, posing them in different positions and re-posing them time and again on paper until they feel they have produced a satisfactory design ; subsequently colour, line and light and shade have to conform to this design and not to break it in any way.

This shews that design was their first consideration, and in this the filling of the space and the production of appearances of stability and vitality are of the same importance as in pure ornament and are achieved in a similar way.

A good picture is primarily an ornamental design, although the realistic representation of forms in it may make the design unobtrusive.

The factors of the relationship of the forms represented, the masses of light and shadow, in relation to the space they occupy, are governed by the same rules which have been discussed in regard to pure ornament.

When this relationship of the forms to the space is satisfactory the appearances of stability and vitality with the secondary inherent ones of continuity, immutability and strength are produced as in pure ornamental design.

The rhythm of the lines created by the arrangement of the forms suggests movement and adds greatly to the vital effect.

Again, if we trace these lines made by the forms in many pictures we find that a repetition of circles or ovals is made by them.

Where a line, if continued, leaves the picture it is brought back again by another line which appears to continue its original intention. This is clearly seen in the reproduction from Correggio's picture 'Unfaithfulness' (Plate I, No. 10). The dotted lines indicate the lines created by the forms and by the masses of light and shadow falling upon objects.

All these lines shew a circular or elliptical motif in the design.

In many pictures this elliptical motif is very marked, the elliptical arrangement being repeated again and again, the one ellipse within the other, as in the illustration of the Persian rug. Often this ellipse is occupied by a pyramidal arrangement of the forms. This is clearly seen in the reproduction of the picture of the Madonna (Plate I, illustration 11).

If this picture is studied carefully it will be seen that the Madonna occupies the middle of the picture and that the figures in adoration around her form a complete oval with the arch above. This oval is repeated several times within the main oval, as is seen in the rough pen sketch made from the picture. First there is the oval line made by the arrangement of the heads of all the figures, including that of the Madonna. Then a second oval is formed by carrying the line through the arms of the two figures below, and a third by carrying the line through the folds of the drapery of the kneeling figures, which is specially arranged to complete this line. The whole figure of the Madonna is somewhat oval, the folds of the drapery being so controlled as to be brought in close to the feet. She thus forms the central oval. In addition to this oval motif the pyramidal one is quite plain. The head of the Madonna forms the apex of a number of pyramid-forming lines made with the heads of the other figures as shewn in the diagram.

Another illustration depicting the same motif in the design is Plate II, No. 12. The upper boundary of the canvas is convex, and with this the lines made by the arrangement of the figures form a series of complete ovals, as indicated by the dotted lines on the photograph. At the same time the heads of the figures form a series of pyramidal lines. The arrangement in the picture is too clear to need any further description.

As far as I can judge there seem to be three aims in design in pictorial art.

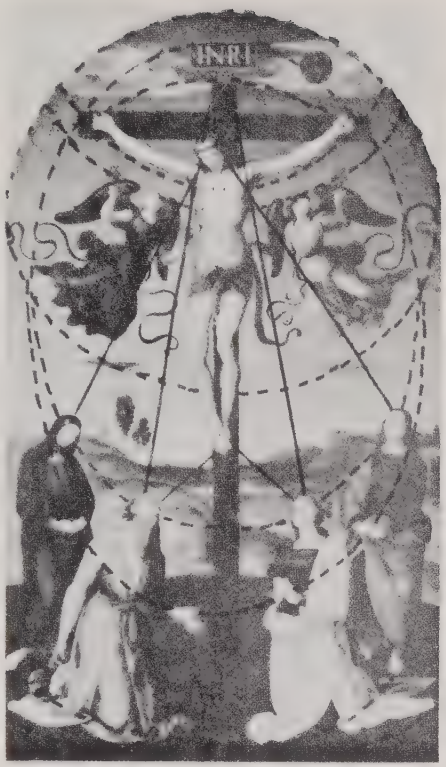
The first is the question of filling the space in a balanced manner as in pure ornament, the masses of light and shadow forming a balanced pattern filling the space equably. This aim exists in all pictures.

The importance of the defined space is clearly shewn also by the importance of the frame in a picture. It only looks complete when surrounded by a frame ; without one there is a feeling of incompleteness about any picture, the forms entering into it seem unsupported as if they might move out of the canvas into the surrounding space.

The two other motives in pictorial design are those which I will call the pyramidal and the oval or circular. These latter often exist together in the same picture, as in the ones just discussed.

III

Turning our attention now to sculpture, we find the question of design to be of the same importance. It is no longer a question of a space to be filled by forms, as in pictorial art (though this may be so



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where sculpture is applied architecturally and niches or openings have to be filled), but the sculptured form itself has to be designed in such a way that it forms a mass having a stable and vital appearance.

The stability here refers to the ground. The form must be stably placed at the base and not suggest any weakness of support. The earlier forms of sculpture, as is the case with natural forms used in pure ornament, do not attempt realistic representation of objects but express an abstract idea of a natural form which results in producing a vital appearance, an abstract of the idea of vitality or life.

According to Eckart von Sydow, the earliest form of sculpture was the simple pole cut from a tree and set up in houses where a man had died. This rigidity of presentation is clearly seen in much of the Egyptian sculpture, where the human figure is severely controlled so that it produces the effect of a stable rigid mass without projections which tend to destroy this appearance. The feeling of vitality in these figures is great, although all realistic detail is avoided. A column-like form is thus to an extent retained.

It is difficult to look at many of these figures without being impressed by their dignity, strength and appearance of forceful vitality. The later Greek sculpture, which was of a much more realistic kind, may be described as being altogether more elegant and less elemental than that of the Egyptians. They represented the human figure in all sorts of realistic attitudes, paying much more attention to actual imitation of the human form and drapery. In doing so, however, they departed from the rigid and column-like form of earlier sculptors. But this was only possible so long as the figure or figures in their design created the appearance of a unified mass. Thus the positions taken by the figures had to create lines which caused the whole sculptured mass to appear as a definite form. This form is usually dome-shaped, pyramidal, oval, or a mixture of the two latter, as in painting.

Where primitive sculptors modelled simple figures and controlled these by their design in a rigid column-like way, the Greeks and later sculptors, paying much more attention to realism both in form and in the pose of their figures, were obliged, on this account, to create a design which controlled the figures in such a way that no parts projected to spoil the general effect of the mass, and which made lines leading the eye gently from one part of the mass formation to another without any break, thus restoring the feeling of unity once more. In this way the feeling of vitality, which may be easily lost by attempting

only to copy Nature, is restored again by the unifying lines of the design.

The illustrations Nos. 13, 14 and 15 (Plate III) demonstrate these points. No. 13, the figure of a Chinese goddess, is designed in such a way that the whole figure is controlled roughly as a column without any projections. Besides this column-like form the figure also, like so many female figures, is made to take the form of an ellipse or oval by gathering in the lines of the drapery towards the feet. This elliptical form is repeated again by the folds of the drapery, which have been arranged in this idealistic way with the object of producing this oval formation.

In the Madonna and Child (No. 14) the motif of the design is an oval one. The outline of the whole mass is roughly oval and this is repeated by the arms of the infant Christ with that of the mother, and again by the folds of the drapery as indicated by the dotted lines.

In No. 15, a fifteenth century statuette of St. Christopher, it will be noticed how the artist has overcome the difficulty of expressing movement of the figure and at the same time retaining a column-like form to the whole statuette. So successful is the design that the whole statuette would fit into a cylinder.

In No. 16 (Plate IV.) the group forms a pyramidal or conical mass, since the columnar effect of the single figure can no longer be retained. It will also be noticed how the lines of the limbs, indicated by lines, lead the eye continuously and rhythmically from one part of the mass formation to another unifying the figures.

IV

Architecture, equally with sculpture and painting, depends for its effect very largely upon the design; and here, as elsewhere, the unification by the design of the parts into a whole, which has the appearance of a stable and vital mass, is the aim. In the finest designs, simplification of the forms, their just proportion and, finally, their aggregation into a compact mass which towers from a stable base, unbroken by any projection which would destroy the unifying lines of the design as a whole, are the factors which produce grandeur and dignity of mass appearance.

Interpretation

If the factors which have been postulated in regard to establishing design in the plastic arts are correct we may perhaps admit that design in these arts is the primary thing affording æsthetic pleasure.

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14.

15.

In a good design there is a distinct pleasure gain, whereas a bad one may induce feelings of an opposite nature.

In looking for a deeper meaning in design it is clear, in the first place, that the qualities of vitality and stability with those inherent in them are only to a limited extent real things in themselves.

For instance, a form drawn in a defined space on a flat surface is neither more nor less stable in reality whatever position it occupies in this space: it only tends to produce this appearance. Similarly, a line drawn in repeated symmetrical curves is not in reality rhythmical, because rhythm is a dynamic thing, whereas a curved line is not, it only suggests dynamic pulsation or movement. Or, again, if two straight lines are drawn parallel to one another of equal length there does not appear to be any continuity between them; but if they are drawn in the form of two segments of a circle and placed opposite each other so that the ends, if continued, would complete the circle, an appearance of continuity is produced.

Or, to put it in another way, if a circle is taken and portions of the line cut out in two or more places the eye still tends to complete the circle, the appearance of continuity is produced although in reality there is none. If the segments of a circle are placed within their convexities facing each other this feeling of continuity is lacking, yet in reality there is no more continuity in the one case than in the other.

The same holds good in regard to the other factors in design: they are not real things in themselves. By certain arrangements of forms various illusions are produced. There must be feelings, therefore, in the individual to demand the satisfaction that is produced by these appearances in design. And the satisfaction of these feelings must represent the gratification of unconscious wishes which are sublimated in this way.

What are the wishes?

Eckart von Sydow in his *Primitive Kunst und Psychoanalyse* traces back primitive art to the psychological expression of organic impulses. Primitive sculpture he traces to the impulse to represent the penis.

If he is correct, as there seems every reason from his arguments to suppose he is, we must assume that where this impulse exists it is not merely the expression of an erotic desire, but owing to the repression of this desire under the influence of the sense of guilt, it represents also a feeling of deficiency in regard to the penis. In other words, it is a derivative of that part of the Œdipus conflict which we speak of as

the castration complex, and therefore represents a desire for potency which is achieved in this sublimated way. Sydow has pointed out in this connection how a pole, representing a man, was set up in the houses of primitive savages when an important man had died, in this way restoring him to life again in the unconscious. But by the process of identifying the whole with the part the pole also represents the penis, and by the identification of death and castration in the Ucs it represents the restoration of potency again. This pole was the origin of sculpture. And he has shewn how the earliest forms of sculpture consist of a pole with a large overhanging head carved on it representing the glans penis, the whole pole and head representing the penis (Plate IV, No. 22).

More complex representatives were those that were carved into grotesque forms still representing the penis, as in illustration 17, Plate IV. At the same time these carved figures were so controlled by their design as to be rigid and pole-like.

This control of the figure is again seen to a considerable extent in the sculptures of old civilizations, such as the Egyptian, Assyrian and the Mayan ; and again in the more modern statuettes of the fifteenth and sixteenth centuries referred to previously.

In the Egyptian sculpture the human figure is usually represented in a very formal and rigid way. Its relationship to the ground was such as to produce a feeling of its great stability and strength. If the early forms of sculpture originated in a projected desire to represent the penis, as Sydow concludes, we can still see in the sculptures of the ancient Egyptians and others the same impulse shewing itself in the rigid formal way in which the figure is controlled.

If the rigidity and the control of the figure still represents the projected desire to establish potency again, the colossal size of some of these figures must represent an over-compensation of the negation of the idea of castration and is probably also connected with the father image in which the ambivalent attitude to the father is expressed in the desire for enormous potency like him and by restoring the father or his penis once more, thus overcoming the hostility to him.

It seems clear that the ideas of stability and vitality, with their implied ones of completeness or continuity, strength and immutability, which I have demanded as essential elements in the production of a good design, are entirely consonant with those impulses connected with the castration complex directed towards establishing potency again.

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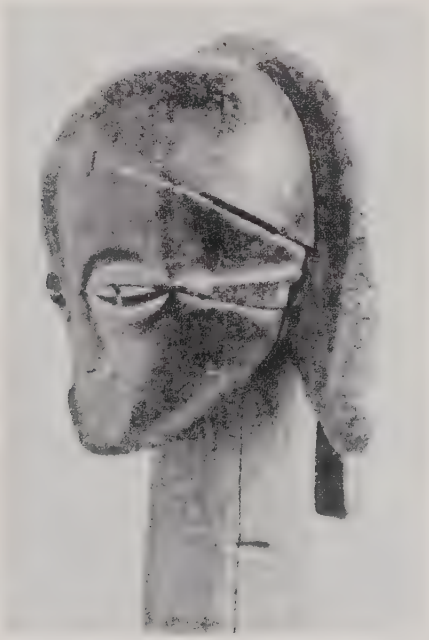
17.



22.

Sydow postulates three characteristics for primitive sculpture :

(1) A column-like form (Block einheit).

(2) The representation of only one figure (Tendenz zur Einfigürlichkeit).

(3) A large overhanging head out of proportion to the column-like form (Übergewicht des Kopfes gegenüber dem Körper).

In some of the Mayan sculptures of Mexico and Central America, products of a high form of civilization, some of the figures still retain the column-like form representing only one figure. In some the figures form part of a rectangular column with no projections of any kind.

In the sculpture of ancient Egypt and Assyria there is a considerable breaking away from the columnar form, more latitude being made use of in the movement of limbs and body. Nevertheless the figure is represented in an abstract way, the rigidity of the forms and the great stability of their stance giving the appearance of very forceful vitality.

In the later sculpture of the Greeks, and more recently that of the Renaissance leading up to that of modern times, the idea of potency immanent in the feeling of stability and vitality in the work of the Egyptians and Assyrians is rendered not so much by the abstract rigid form of the figures as by their arrangement.

This arrangement of the figures, as has been pointed out, is always a question of design leading to a rhythmic flow of line which can be traced circulating within the mass made by the whole of the figures in such a way that it controls the whole mass, binding the figures together and never straying or leading the eye away from them. In this way a group of figures can represent once more a mass signifying the penis.

This leads to greater freedom of expression in the figures themselves ; any attitudes may now be depicted imitating natural movement so long as the attitudes conform to a design which restores the appearance of vitality and stability of the mass formation which was lost by breaking away from the rigid control of the single figure.

So that whereas the primitives represented the penis as an abstract of the human figure, controlled in such a way as to produce a rigid rod-like form, the Greeks and their successors up to the present day have attempted to get away from these limitations and have created a further abstract of the idea of potency and life, expressed in the rhythmic line of the design, which is controlled in such a way as to unify the whole mass and give it a feeling of vitality.

Thus the feeling of unity lost by relaxing the rule of rigid represen-

tation is restored again by the lines of the design. These lines being of a rhythmic nature assist greatly in establishing a feeling of vitality.

It would seem that the design in the arrangement of the forms represented in the sculpture of civilized peoples is the unconscious way of restoring the feeling of unity and vitality lost by renouncing the rigid control of the figure and by representing more than one figure.

In addition to this vitalizing line, as shewn in the little group of figures known as Leda and the Swan (illustration 16, Plate IV), the mass usually takes the form of a pyramid, which, it seems, is another method of representing the penis when more than one figure is represented.

Sometimes the piece of sculpture, as in the statuette of the Madonna and Child (Plate III, No. 14), has an oval or elliptical form. This only occurs when woman is represented, and appears to be an identification of the whole with the part—the whole design representing the female genitals.

But in many cases it appears as if the design was over-determined, that is to say, that in such cases as the figure of the little Chinese goddess the statuette not only represents the penis but also the female genitals and thus probably signifies the woman with a penis. This will be dealt with more in detail in speaking of painting.

In claiming these unconscious motives for the design or arrangement of the figures in the sculpture of civilized peoples it is not denied that other æsthetic or intellectual factors may play a part. It is only maintained that the primary impulse motivating a special arrangement which we call design is the unconscious wish to represent the penis or the female genitals with or without a penis.

That the intellectual factor plays much part is doubtful. For intellect alone would be satisfied with intellectual properties of the work, such as the truthfulness of historical or dramatic significance, the accuracy with which movement and form were portrayed, etc., but it is just with the sole concentration on these elements in a work of art that it loses seriously in its æsthetic appeal.

If intellectuality demands these things the fact remains that the greatest artists have always made them subservient to design. We are bound therefore to accept the fact that the design or arrangement with what it implies unconsciously is the primary source of æsthetic enjoyment.

20.

19.

18.

Painting

When we consider painting and pure ornament the problem seems more complicated. All critics are unanimous in the opinion that in painting design is the most important fundamental factor upon which a picture is built up ; that the æsthetic pleasure derived from a picture is diminished in proportion to the deficiency in design portrayed.

But the design in a picture differs in no way from that in sculpture excepting that it is relative to a defined space and is in two dimensions only. It has also been suggested that for a good composition the feeling of stability of the forms in relation to the space they occupy and the feeling of vitality, with its implied appearance of continuity of the forms brought about by the rhythmic lines they produce, are of the same importance as in sculpture, and must in fact have the same significance. That is to say that the mass of figures unified by their arrangement and the lines so produced also represent the penis.

A complicating factor is that, in painting, the forms creating the design must be in relation to a defined space. The unconscious meaning of this relationship is over-determined and probably signifies—

(1) The proper relationship of the penis to the body.

(2) The woman with a penis.

(3) The penis in the mother's genitals, i.e. coitus.

(4) The child in the mother's womb.

In this way the defined space means either the artist's body or the mother's body, genitals or womb.

These statements require substantiating.

The male figure in art, as has been seen in connection with sculpture, is often equated with the penis (as we know also from clinical experience) ; that is to say, it is controlled and expressed in a column-like form whilst the female figure is often designed to take the form of an ellipse, identifying it with the female genitals. The elliptical design of the lines of the figure is very apparent in the figure of the Virgin from a stained glass window (No. 18). This elliptical arrangement is repeated in the halo of light and in the clouds and angels' heads. Apart from this, there is a peculiar elliptical panel sometimes used by early painters and, as far as I have observed, it is only used in pictures depicting the Madonna and Child or in pictures of Christ.

This ellipse is known as a 'mandorla'. The word is derived from the Italian and has the same meaning as the Latin 'vesica piscis', or fish's bladder, so that I think there can be little doubt that it represents the womb or the female genitals.

The illustration No. 19 (from a stained glass window) is a typical example. It is not uncommon in pictures of thirteenth-century painters. In later pictures I believe this 'mandorla' is to be recognized in the design which the forms in the picture make. That is to say that the figures or objects entering into the composition of the picture are arranged in an oval, elliptical or circular way, again representing unconsciously the female genitals.

In some pictures this arrangement is very clear indeed, whereas in others it is more concealed by the attention to realism, so that a more careful scrutiny to discover the motif of the design is necessary. This concealment of the motif is manifest in Correggio's picture (illustration No. 10), already alluded to, where the circular or oval arrangements are not very apparent until looked for.

In the illustrations (Nos. 11 and 12) which have been described, the design is a repetition of ovals and pyramids. The pyramidal lines must, like the pyramidal formation of so much sculpture, represent the penis so that the whole motif of the design is the female genitals without a penis where there is no pyramidal formation, as in illustration No. 10, and with a penis where this pyramidal arrangement exists (Nos. 11 and 12).

The repetition of these motifs in a picture must have the same significance as the repetition in pure ornament, which has been described as forming such an important factor in ornamental design. The meaning of this will be discussed in connection with the interpretation of pure ornament.

Pure ornament seems to have the same significance, as the same qualities are demanded as in the composition in a picture or a group of sculpture. The chief difference between the design in pure ornament and that in a picture lies in the fact that in the former no attention is paid to the question of imitating closely natural forms. Abstracts are made of these and they are then expressed in a more formal symmetrical and repeated way.

In this way, and by the relationship of the forms to the space, the feeling of stability and vitality is favoured, as has been discussed already.

It was stated earlier that in pure ornament the impulse was to produce a pleasing form having a definite relationship to a defined space. This pleasing form, based on the abstractions just mentioned, must represent the penis, since the restrictions controlling it are the same as those controlling design in paintings as far as the filling of the

space goes. And since in pure ornament the forms have to bear a definite relationship to a defined space, as the forms in painting also do, presumably this relationship is over-determined in the same way, representing, as in painting—

(1) The relationship of the penis to the body.
(2) The woman with a penis.
(3) Coitus with the mother.
(4) The child in the womb

So that once more the space represents the artist's own body or the mother's womb.

If the conclusions in regard to design so far arrived at in this paper are correct, there seems to my mind no reason for postulating the origin of the graphic arts in the narcissistic stage of general skin eroticism, as Sydow claims, rather than at the phallic level in a desire to decorate or to represent the penis in a displaced way by decoration of the whole body, in this way making it a derivative of the castration complex.

Looked at from this point of view, the skin incisions resulting in scars, which Sydow concludes were the precursors of tattooing and so of graphic art in general, would have to coincide with this conception. It is stated that the natives in undergoing these little operations which are to result in decorative scar effects suffer great pain, screaming with anxiety during the process. From which it would seem that these operations have an ambivalent aim. If the decorative effects resulting from the scars have the same significance as decorative effects in other forms, such as pure ornament external to the body, that is, representing the penis, the incisions themselves would represent a symbolic form of castration.

Sydow points out how in these scarring and tattooing operations, the penis itself is the only part not subjected to them or to any form of decoration. He asks the question, ' Why is it ? ' and answers it by explaining that the attention is paid to the head instead by a displacement from below upwards. The head is moulded into cylindrical forms and the lips are elongated by boring holes and passing rings through them so as to represent the penis, the importance of which is emphasized in this displaced way.

In the forms of decoration produced by scars and tattooing on the body there seems, to my mind, no difference from that which we find in pure ornament, only applied to the body itself. It would seem, then, that the whole body is treated as the penis and decorated, and

also that the decoration represents the penis again in symbolic form as in pure ornament elsewhere.

In the application of art to the head itself we must see that decorative objects applied to the head not only represent an impulse to decorate the penis but also represent the penis itself in a symbolic form.

Such objects are the headdresses of savages, such as the Red Indian chiefs and, again, the crowns of kings—these not only represent a means of emphasizing the importance of the father-person and the importance of his penis in a displaced form (head), but also symbolize the penis itself. In a projected way we can see this in the Corinthian and Ionic pillars of the Greeks and other kinds. The top of these columns is called the capital and this was the part decorated. The word 'column' has the same origin as 'colonnade', also known as a basilica or royal colonnade. The word 'basilica' is derived from the Greek 'basiliskos', meaning a little king. A basilica was also a fabulous kind of serpent. So that the word 'column' is equated in its meaning with a little king and a serpent, thus representing the father or the father's penis.

The decoration of the capital has the same significance therefore as the crowns of kings—to which, indeed, it often bears a strong resemblance.

But the head of the penis, in anatomical terms, is also spoken of as the 'corona'. The designs forming a crown-like termination of these columns would seem to be a projected way of representing a decoration of the penis, emphasizing its importance and stature in the same way as the crowns worn by kings and the elaborate headdresses of primitive people, such as Red Indian chiefs.

In many of the primitive sculptures the rod-like form is decorated usually by a repetition of the same forms. The forms take the shape of grotesque heads or figures (Plate IV, illustration 17), in some the nose of the lowest figure, as in the illustration from Sydow's book, being over-emphasized and in the position of the penis of the whole form. If these grotesque figures or masses forming a decoration on the rod-like sculptures represent, as elsewhere, the penis, the decoration represents an over-determination of the idea, or perhaps it would be better to use Fluegel's term and speak of it as polyphallic symbolism, the contention being that this repetition or polyphallic symbolism is precisely the same as that which pertains in pure ornament or designs on surfaces where repetition forms so prominent a part of the design.

It must also have the same significance as the decoration of the capitals of Corinthian and other pillars. That is to say, this represents not only a decoration but also a penis itself as an over-emphasis in the polyphallic sense, just as the crowns of kings and the headdresses of savage chiefs do.

If these kinds of decoration are forms of polyphallic symbolism there seems, to my mind, no reason to suppose that the decorations in the form of scars and tattooing are anything else, the whole body being treated as if it were the penis. These scars are arranged usually in groups, Sydow speaks of them as 'rhythmic groups'. The tattooing being a later introduction, it allowed of greater freedom in the expression of form. The early forms of design in the implements of primitive people, such as the Polynesian savages, are composed of numbers of little straight incisions placed parallel to one another in a rhythmic repeated way; in more complicated designs they take the form of zigzags, fishbone patterns and diamond shapes, very much resembling the scarring on the skin and the later tattooing, and probably representing a projection of the same idea as the cuts on the body which, it was argued, were representatives of the ambivalent attitude to the penis.

According to this the repetition of forms representing the penis in a polyphallic way in primitive body art and, later, the implements of savages, fulfilling as they do the demands that were claimed for a good design, has the same significance as the repetition in pure ornamental designs, as in the illustration of the vessel (No. 8), and the repetition of ovals and pyramids and rhythmic lines in pictures and modern forms of sculpture.

A further question which must be considered in regard to design is, 'What part does the instinct of scoptophilia play in its production?' If the desire to see the mother with a penis is a determinant in design in defined spaces then the perfection and beauty of design would be referable to the mother's genitals also. The beauty of design in pure ornament depends to a large extent upon the perfection with which the ornamental forms appear to fill the space or are poised in it, upon the relative proportion in size of the forms to the space occupied and upon the vitality of line.

These ideas are certainly applicable to the body as a whole. For centuries writers on the subject have stressed the point that beauty of proportion in art is based on the proportion of the human figure. The Greeks created an ideal figure from observations made upon many

figures, taking the most satisfying proportions in each and uniting them into a whole ideal figure. At the same time we know that defects and mutilations are always accepted by the Ucs as castration equivalents, so that the love of beautiful form may perhaps still be traced back to the sublimation of the scoptophilic instinct playing its part in the castration complex.

Two illustrations (Nos. 20, p. 21, and 21, Plate II) seem to support the idea that design in part originates in the scoptophilic desire to see the mother with a penis as a denial of the possibility of castration. Both are pictures of monks in a state of ecstasy, looking up in the one case at the Virgin and Child and in the other at the Infant Christ, both placed in ellipses. The first is a proper 'mandorla', appearing to the monk in his prayers with the Virgin and Child inset. In the second the 'mandorla' is composed of figures of angels arranged in an oval, with the illuminated figure of the Infant Christ (child=penis) in the centre.

Since also works of art are things to be displayed and admired, the exhibitionistic impulses must be gratified also.

From the dynamic point of view design in art, so far, has been traced to the sublimation of libido connected with castration ideas. To do so is to derive its origin entirely from the genital stage of libido development. But it is evident that such a description would be incomplete without taking into consideration the libido contribution from oral and anal stages of development; that is to say, from the pre-genital equivalents of castration which have reinforced the castration phantasies proper.

Sucking is a repetitive act, each time the nipple is re-experienced as a part of the ego. It seems justifiable to equate this repetition, which is of a rhythmic nature, with the rhythmic repetition which has been shewn to be such an important element in design (nipple = penis). If the repetition in design has a polyphallic meaning it would seem also that polyphallic symbolism owes its origin to this rhythmic repetitive act.

The contribution of scoptophilia at the oral stage is seen in the dome-shaped and pyramidal forms in design, equated as they are with the contours of the breasts.

In the anal stage the desire for potency in the form of producing, looking at and exhibiting a complete mass finally reinforces the genital scoptophilia and exhibitionism; the sublimation of which results in the desire for completeness, continuity, correct placing in, and filling

of, the space in design the meaning of which has already been discussed.

In conclusion, the gist of the argument is that pure ornament, filling a space and designs in pictures and other forms of plastic art, represent primarily an attempt to call forth feelings which satisfy certain unconscious wishes connected with the idea of potency as a negation of the idea of castration.

The qualities in a good design are such as are applicable to this idea and are effected in these abstract and projected ways in the form of design. The unconscious meaning, however, is over-determined and also signifies the desire to endow the woman with a penis as a negation of the possibility of castration, as well as having the significance of coitus with the mother and the child in the mother's womb.

The castration fears which are negatived in this sublimated way are intimately associated with the scoptophilic and exhibitionistic impulses which must, of course, play a prominent part in the artist's choice of profession.

ON THE THEORY OF ANALYSIS OF CHILDREN[1]

BY

ANNA FREUD

VIENNA

Ladies and Gentlemen,

Three papers on the subject of analysing children are being read before you at this Congress—instead of only one, which has hitherto been the order of the day—and this alone illustrates the importance that the subject has acquired in the eyes of the International Association during the last few years. I think that the reason for this accession of interest in child-analysis lies in the threefold contribution it can make to our psycho-analytical knowledge. It gives us welcome confirmations of those conceptions of the mental life of children which, in the course of years, have been deduced by psycho-analytical theory from the analyses of adults. Secondly, as Mrs. Klein's paper has just demonstrated, the direct observation thus employed leads us to fresh conclusions and supplementary conceptions, and, finally, it serves as a point of transition to a field of applied analysis which, as many hold, will in the future be one of the most important. I refer to pedagogy.

Thus, strong in the sense of its threefold usefulness, child-analysis ventures to claim liberty and independence in various directions. It demands a new technique. This is willingly conceded : even the most conservative person realizes without difficulty that a difference in the object with which one is dealing demands different methods of approach. Thus Melanie Klein has evolved the play-technique for the analysis of little children, and, later, I myself put forward suggestions for the analysis of children in the latency period. But certain advocates of child-analysis (myself amongst them) go further still. They begin to ponder the question whether the processes in child-analysis are always wholly identical, from the theoretical standpoint, with those in the analysis of adults, and whether the aims and objects of the two forms of treatment are exactly the same. The people who follow this line of thought hold that those who analyse children should possess not only the correct analytical training and mental attitude but something further : something which is called for by the idiosyncrasies of childhood, namely, the training and the mental attitude of the pedagogue.

[1] Read before the Tenth International Psycho-Analytical Congress, Innsbruck, September 3, 1927.

I think we ought not to be dismayed by this word or to conclude offhand that to combine the two attitudes is somehow derogatory to analysis. It is worth while to take some concrete examples and see whether the demand for such a combination can at all be justified or whether the right thing is to reject it as illegitimate.

The first example I shall select for this purpose is a fragment from the analysis of an eleven-year-old boy. When he first came for treatment his disposition was of the feminine-masochistic type, his original object-relation with his mother being wholly overlaid by his identification of himself with her. His original masculine aggressive tendencies only occasionally found a vent in hostile behaviour to his brothers and sisters and isolated asocial acts; these were succeeded by violent outbreaks of remorse and by depression of spirits. I am now quoting from a period in his analysis in which his mind was occupied with countless thoughts, phantasies and dreams about death, or, more precisely, about killing.

Just at this time a very intimate friend of his mother's was seriously ill, and his mother was informed by telegram of her friend's danger. The patient seized upon this opportunity to weave phantasies in this connection. He phantasied that another telegram came saying: 'She is dead'. His mother was much grieved. Then yet another telegram arrived saying that it was a mistake, the friend was alive again. His mother rejoiced. Then, in his phantasy, he caused telegrams to arrive in rapid succession—one saying that the friend was dead and the next that she had come to life again. The whole phantasy ended with the news that it was all a joke which had been played on his mother. It is not difficult to interpret the phantasy. We see clearly the boy's ambivalence, his desire to kill the person whom his mother loved and his inability actually to carry his purpose through.

Soon after this he told me of the following obsessive act. When he was sitting in the w.c. he felt impelled to touch a knob on the wall on one side three times with his hand and immediately afterwards to do the same to a knob on the other side. At first this action seemed incomprehensible, but a few days later we found the explanation in a phantasy which he recounted in another connection. He imagined God as an old man sitting on a great throne in the courts of Heaven. To the right and left of Him were knobs or switches on the wall. If he pressed a knob on one side, some human being died: if he pressed one on the other side a child was born into the world. I think, if we compare the boy's obsessive action with this day-dream, it will be

superfluous to interpret it further. The number three is probably explained by the number of the other children in the family.

Soon after this, a friend of the family, the father of one of his play-fellows and a man whom his mother knew very intimately, fell ill. On the way to his analysis the patient heard the telephone-bell ring, and, while with me, he made up the following phantasy: His mother had been sent for to the sick man's house. She went in, entered the sick-room, went up to the bed and tried to speak to her friend, the patient. But he did not answer, and then she saw that he was dead. It was a great shock to her. At that moment the dead man's little son came in. She called him and said: 'Come and look, your father is dead'. The boy went up to the bed and spoke to his father, whereupon the father came to life and answered him. The child then turned to my patient's mother and said: 'What do you mean? He is *alive*'. The mother then spoke to the man again; once more he did not reply, for he was dead. But when the little boy came in again and spoke to him, the father came to life.

I have recounted this phantasy in such detail because it is so instructive and transparent, and contains in itself the interpretation of the two previously quoted. We see that the father is dead as far as his relation to the mother is concerned: as soon as it is a question of himself and his son, he is alive. In the earlier phantasies the ambivalent feelings to the same person—the desire to kill and the opposite desire to keep alive or to bring back to life—were simply separated into two different actions, cancelling one another. This last phantasy however, contains in addition a specification of the person threatened (on the one hand as husband and on the other a father), and here we have the historic explanation of the boy's twofold attitude. Obviously the two tendencies originate in different phases of his development. The death-wish against the father as the rival for the mother's love springs from the normal Œdipus phase with the positive object-love (since repressed) to the mother. Here his masculine aggressive impulses are directed against the father, who is to be killed to leave the way clear for the boy himself. But the other tendency—the desire to keep the father for himself—originates on the one hand in the early period, when the son's attitude to the father was one of pure admiration and love, undisturbed by the rivalry connected with the Œdipus complex, and on the other (and this is the more important here) belongs to the phase of identification with the mother which has succeeded to the normal Œdipus attitude. Out of dread of the castration

with which he is menaced by the father the boy has renounced his love for his mother and let himself be forced into the feminine position. Here he is forced to try to keep his father as the object of his homosexual love.

It is tempting to go on and describe the transition by which this boy passed from the desire to kill to a dread of death which awoke in him at night, and hence to gain access to the complicated structure of this neurosis of the latency period. But you know that that is not part of my purpose here. I have cited this fragment simply in order that you may confirm my impression that this part of the analysis of a child differs in no way from that of an adult. What we have to do is to free some of his masculine aggression and his object-love for his mother from repression and from being buried beneath his now feminine-masochistic character and his identification of himself with his mother. The conflict which we come upon here is an inner one. Even if originally dread of his real father in the outside world impelled him to make the repression, its success now depends on forces within himself. The father has been internalized, and the super-ego has become the representative of his power; the boy's dread of him is experienced as dread of castration. Outbreaks of this castration-anxiety hinder every step which the analysis endeavours to make towards bringing the repressed Œdipus tendencies into consciousness. Only the slow analytical dissection of the super-ego, in historical sequence, makes it possible for my work of liberation to advance. Thus you see that, as far as this part of the task is concerned, the work and the attitude of the analyst are purely analytical. There is no place here for the introduction of educational methods.

Now let me give you an example where the opposite is the case. It is taken from the analysis of a little girl of six, part of which I have already published elsewhere for a different purpose. Here again (as always) it is a question of the impulses arising out of the Œdipus complex and once more the attitude towards killing comes in. The analysis shewed that the little girl had passed through an early phase of passionate love for her father and, in the usual way, had been disappointed by him through the birth of younger brothers and sisters. Her reaction to this disappointment was extraordinarily strong. Having barely attained to the genital phase, she abandoned it and regressed completely to the level of anal sadism. She turned her hostile impulses against the newly arrived younger children. She attempted to retain her father, from whom her love had almost entirely withdrawn itself,

by incorporation if in no other way. But her efforts to feel herself a male came to grief in competition with an elder brother, for she realized that he was physically better equipped in this direction than she herself. The result was intense hostility to her mother: hate, first, because she had taken the father away from herself; secondly, because she had not made her herself a boy; and, finally, because the mother had borne the brothers and sisters whom she herself would have liked to bring into the world. But at this point—when my patient was about four years old—something of importance happened. She realized dimly that because of her hate-reaction she was on the way to losing the happy relation with her mother, whom she had loved dearly, in spite of all, from her earliest infancy. And in order not to lose this love for her mother and, still more, her mother's love for her, without which she could not live, she made a tremendous effort to become 'good'. Suddenly and, as it were, at a single blow she dissociated herself from all this hatred and with it from her whole sexual life, consisting of anal and sadistic behaviour and phantasies. She opposed it to her own personality as something alien, no longer part of herself, something which came from 'the devil'. There was not much left: a tiny, cramped personality, whose emotional life was not wholly her own to control and whose very considerable intelligence and energy were devoted to keeping 'the devil' in his state of forcible repression. In her relations with the outside world she was merely apathetic, while the lukewarm feelings of tenderness and affection for her mother were not strong enough to bear the slightest strain. And more than this: the dissociation which she had striven to accomplish could not be permanently maintained in spite of her great expenditure of effort. At times 'the devil' would get the better of her for a short while and she fell into states in which without any adequate external cause she would throw herself on the ground and scream in a way which in the old days would certainly have been described as 'possession'. Or she would suddenly surrender herself to the other side of her nature and luxuriate with the utmost enjoyment in sadistic phantasies, as, for example, that she roamed through her parents' house from attic to cellar, breaking up all the furniture and every object she came across and throwing them out of the window, and without more ado cutting off the heads of all the people she met. Such occasions of being overmastered by the devil were invariably followed by anxiety and remorse. But there was another, still more dangerous way in which the dissociated evil tendencies used to break out. 'The devil'

loved fæces and dirt : she herself began gradually to develop a peculiar anxiety in regard to habits of cleanliness. ' The devil ' particularly enjoyed cutting off people's heads, so at certain times she was compelled to creep to the beds of her brothers and sisters early in the morning and see that they were still all alive. ' The devil ' took a delight in energetically transgressing every human commandment, and so the child began to suffer from a dread of earthquakes, at night before she went to sleep, because someone had told her that an earthquake was the most terrific punishment which God was wont to inflict on human beings. Thus her daily life was in all sorts of ways made up of actions which either were substitutes for those of the dissociated evil nature or represented her remorse and endeavours to atone. So we may say that her magnificently conceived attempt to retain her mother's love and to conform to social requirements and become ' good ' had failed miserably. The only result was an obsessional neurosis.

Now I did not enlist your interest in this infantile neurosis because of its fine structure and the fact that the symptoms were defined with a clearness unusual in so young a patient. My reason for describing it to you was a peculiar circumstance which struck me while I was treating the child.

In the case of the eleven-year-old boy which I described before you will remember that the motive factor in the repression was the dread of castration by the father. Naturally, the resistance which I observed in the analysis was this same castration-anxiety. But in the case of the little girl it was different. The repression, or rather the cleavage, in the childish personality was brought about under the stress of a dread of loss of love. According to our notions, the anxiety must have been very intense to be able so to disturb the child's whole life. But in the analysis this very anxiety could hardly be detected as a serious resistance. Finding that my interest remained uniformly friendly, the little patient began to display to me her bad side quite calmly and frankly. You will reply that that is not very surprising. I know that we often meet with adult patients who anxiously and with an uneasy conscience keep their symptoms a secret from the whole world and begin to expose them only in the secure atmosphere of analysis with its freedom from criticism. Often, indeed, it is only then that they come to know what they really are. But this applies only to their describing of their symptoms : the analyst's friendly interest and the absence of the criticism the patients anticipate never actually bring about a transformation in the symptoms. But that was exactly what happened in

the case of this little girl. When she found that not only was I interested and refrained from condemning her, but that also less strict demands were made upon her at home, her anxiety was transformed under my very eyes in analysis into the wish which it concealed, while the reaction-formation turned into the instinct which it was designed to keep at bay and the precautionary measure into the threat to kill which lay behind it. But of the dread of loss of love, which surely should have broken out violently in opposition to such a reversal, there was scarcely a sign. The resistance was weaker on this side than on any other. It was as though the little girl said to herself: 'If you don't think it so very bad, then I don't either'. And, as her demands upon herself became less exacting, gradually, as the analysis went on, she incorporated once more within herself all the tendencies which she had rejected at the cost of so much energy—her incestuous love for her father, her desire to be a boy, her death-wishes against her brothers and sisters and the recognition of her infantile sexuality. The only check was a temporary one due to the sole serious resistance when she came to what seemed the worst of all: the recognition of the direct death-wish against her mother.

Now this is not the behaviour which we are accustomed to see in the normal super-ego. Surely, adult neurotics teach us how impervious to reason that super-ego is, how obstinately it opposes every attempt at influence from without and how it refuses to modify its demands until it has been dissected in the analysis in historical sequence and every individual command and prohibition has been traced to someone who was important and beloved by the patient in childhood.

Ladies and gentlemen, I think that here we have lighted on the most important, fundamental difference between the analysis of adults and that of children. In the analysis of the adult we are at a point where the super-ego has already established its independence—an independence which is unshakable by any influence from the outside world. Here the only thing for us to do is to bring into consciousness, and thus raise to the same level, all the tendencies belonging to the id, the ego and the super-ego respectively which have played a part in the neurotic conflict. On this new level of consciousness the battle may be fought out in a new way and be brought to a different issue. But child-analysis must include all those cases in which the super-ego has as yet not reached any true independence. Only too clearly it strives to please its task-masters, the child's parents and others responsible for his training, and in its demands it reflects every oscilla-

tion in the relation to these beloved persons and all the changes in their own views. Here, as in the analysis of adults, we work on purely analytical lines in so far as our object is to free from the unconscious those parts of the id and the ego which have already been repressed. But our work in relation to the childish super-ego is twofold: on the one hand, as analysts, in so far as the super-ego has already attained to independence, we have to assist in the dissection of the material from within, following the historical sequence, but, in addition to this, we have to use our influence from without in an educational manner by changing the child's relation to those who are bringing him up, by providing him with new ideas and by revising the demands which the outside world is making upon him.

Let us go back once more to my little girl patient. If she had not come for treatment at the age of six probably her infantile neurosis would, like so many others, have spontaneously cleared up. In that case it is certain that it would have bequeathed to her a strict super-ego which would have made implacable demands on the ego and have opposed any subsequent analysis in the form of a resistance hard to overcome. But my view is that this strict super-ego appears at the end and not at the beginning of children's neuroses.

In order to illustrate this point I would refer you to a case recently described by Dr. M. W. Wulff.[2] He gives an account of anxiety-attacks of the nature of phobias in a baby girl of eighteen months. It is plain that the parents of this child had exacted habits of cleanliness from her too early. The baby was unable to obey them and began to be mentally disturbed and afraid that they might send her away. Her anxiety reached the pitch of actual attacks when it was dark or when she heard strange noises, e.g. if someone knocked at the door. She asked over and over again if she were good and begged them not to send her away. The parents, much concerned, consulted Dr. Wulff.

I think that the interesting thing about this early symptom is that the baby's anxiety, which Dr. Wulff immediately diagnosed as dread of the loss of love, could in no way be differentiated from the anxiety of conscience in an adult neurotic. Now, in this case, are we to believe that conscience (i.e. the super-ego) had developed so early? Dr. Wulff explained to the parents that the little girl obviously was for some reason or other unequal to the demand for cleanliness, and he advised them to defer her training in this respect for a time. The

[2] This JOURNAL, Vol. IX., Part 3, 1928.

parents had sufficient understanding to agree. They explained to the child that they loved her even when she wetted herself, and, whenever this happened, they repeatedly tried to calm her with assurances of their love. The success of this experiment was, as Dr. Wulff tells us, striking. After a few days the child was calm and free from anxiety.

Naturally treatment of this sort is applicable but rarely, and only with very little children. I do not want you to receive the impression that I am recommending it as the only possible course. But here Dr. Wulff was making the patient's cure the test of his treatment, and this is the only test which can reveal to us what is the play of forces which is giving rise to anxiety. If the child had really fallen ill because of the excessive demands of her own super-ego, her parents' reassurances could not have had any influence at all on her symptoms. But if the cause of her anxiety was a real fear of the displeasure of her parents as they actually existed in the outside world (and not of her imagos of them), we can easily understand her illness being cured. For Dr. Wulff had removed the cause.

Quite a number of other childish reactions can be similarly explained only by the super-ego's accessibility to influence in the early years of life. By the kindness of Dr. Ferenczi I have had an opportunity of seeing the notes of a mistress at one of the modern American schools, the Walden School. This mistress, who has had a psycho-analytical training, describes how neurotic children whose home-standards are strict, and who come to her school while still at the kindgarten age, after a longer or shorter period of holding back in amazement, grow accustomed to the extraordinarily free atmosphere and gradually lose their neurotic symptoms, most of which are reactions to breaking the habit of onanism. We know that with an adult neurotic it would be impossible to produce a similar effect. The freer the environment into which he finds himself transplanted the greater is his dread of the instinct in question and, therewith, the more marked the accentuation of his neurotic defence-reactions, i.e. his symptoms. The demands made on him by his super-ego are no longer susceptible to influence from his environment. A child, on the contrary, once he begins to modify his standards, is inclined rather to go a long way in this direction and allow himself more latitude than even the freest surroundings could permit him. In this respect, as in others, he cannot do without influence from others.

And now, in conclusion, let me give a very innocent example. A little time ago I had an opportunity of listening to the talk of a five-

year-old boy and his mother. The child had conceived a wish for a live horse, and the mother, for good reasons, refused to give it to him. ' It doesn't matter ', he said, nothing daunted, ' I will ask for it on my next birthday '. His mother assured him that he would not have it even then. ' Then I'll ask for it at Christmas ', he said, ' you can have anything then '. ' No, not even at Christmas ', said his mother, trying to disillusion him. He thought for a moment. ' Well, it *doesn't* matter ', he said triumphantly, ' I'll buy it for myself. *I* will let myself have it '. You see, ladies and gentlemen, that already between his inner permission and the prohibition imposed from without there arises the conflict which may terminate in all sorts of ways : in rebellion and asocial behaviour, in neurosis and, fortunately, often in health.

Now let me say just one word about the attitude of the children's analyst as an educationist. We have recognized that the forces arrayed against us in our fight to cure neurosis in children are not merely internal but also in part external. This gives us the right to require that the analyst shall understand aright the part played by the outward situation in which the child is placed, just as we require that he shall grasp the child's inner situation. But in order to fulfil this part of his task a children's analyst must have a knowledge of the theory and practice of pedagogy. This will enable him to ascertain the influences being brought to bear on the child by those who are training him, to criticize them and (if it proves necessary) to take the work of his up-bringing out of their hands for the period of the analysis and to undertake it himself.

ONE OF THE MOTIVE FACTORS IN THE FORMATION ON THE SUPER-EGO IN WOMEN [1]

BY

HANNS SACHS

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The material from which I have derived the impressions and gleaned the facts which I propose to put before you in this paper has a certain peculiarity : it is not a mixture of various different feminine types, but, as is natural in that my work is to train analysts, it consists almost exclusively of women who had adopted so-called ' masculine ' professions or were preparing to do so, and who were undoubtedly not only above the average in intelligence, but whose characters also had attained a considerable degree of development. Possibly this fact may be regarded as a source of error, and you may be inclined to surmise that what I have taken to be feminine characteristics are really masculine qualities not to be found amongst women in general, but only in women of this special type. To this objection I would reply that, in selecting my material, I have taken into consideration only those amongst the women I have analysed in whose nature and mode of life there was nothing markedly masculine and in whom there was no considerable departure from the norm of the modern civilized human being ; either in the form of a neurosis or perversion or, above all, in the degree of their unconscious homosexuality. I have laid special stress on the fact that the love-life of the women whom I have in mind was, in every instance, characterized by normal feminine affective reactions. So I think I am justified in assuming that the peculiar nature of my material is not to be regarded as a source of error, but rather that it affords a specially good opportunity—a better one than usually falls to the lot of other analysts—for studying the feminine super-ego in subjects in whom it is better developed and therefore more open to investigation than in neurotics or even in the average normal woman.[2]

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[1] Read before the Tenth International Psycho-Analytical Congress Innsbruck, September 1, 1927.

[2] My observations link up at one point with Helene Deutsch's account of feminine sexuality. Rank has described the relation between the development of genitality and that of oral erotism (' Zur Genese der Genitalität ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926), but my view differs from his in one notable respect. He holds that this relation is

From the various cases which have contributed to my findings I will select a single representative one as a typical example. I have chosen this particular case because in it the phenomenon in question was not only so plainly discernible but appeared in a concentrated form at the very end of the analysis, which enables me to describe it with a clearness and comprehensiveness rare under the conditions of our analytic technique. The patient was a young woman under thirty, above the average in intelligence and gifted in many directions; she had also exceptionally fine traits in her character. One very noticeable characteristic was her singularly unassuming nature and the modesty of her demands on life. She did not desire beautiful clothes or finery or a comfortable home; she was perfectly indifferent to the quality of what she ate and drank. In fact, she was content with anything so long as it sufficed to enable her to carry on her remarkably strenuous work without injury to her health. She looked upon this self-denial as entirely natural and a matter of course; there was no necessity for a mental struggle or victory over herself. She adopted this attitude without affectation or superciliousness and without adverse criticism of others whose behaviour was the reverse of her own. As regards her family history, the only point of interest here is that she had a sister two years and two months and a brother about five years younger than herself. My account of the contribution to our problem made by her analysis turns exclusively upon a dream which she had the night before the last analytical hour and upon the previous and subsequent history of this dream.

On this particular day she found early in the morning that her appetite was good and that she was noticing, in a way quite unusual for her, the quality of her food. She was dissatisfied with what was set before her and several times gave decided expression to this feeling, though she disguised it under a joking manner. She was particularly annoyed at the preference given in the matter of food to a lady living in the same house, who had a baby of a few weeks old whom she was feeding at the breast. Naturally my patient did not put this envy

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equally important in boys and in girls, whereas my contention is that it affects girls much more deeply and is of peculiar significance in the formation of their character. Moreover, my description has reference mainly to the period in which the Œdipus complex is passing, and not to the primal period which Rank reconstructs. Müller-Braunschweig has written on the same subject (*Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926), but his work and mine have scarcely any points in common.

into words, but she distinctly felt it and was surprised at herself. In the evening she and her husband and this same lady were invited to the house of a married couple who also had a young baby; this baby, however, was being bottle-fed. Naturally the two mothers talked chiefly about the feeding of their children. On this occasion my patient again felt very hungry and ate more than usual, as she specially enjoyed the food there. When she reached home, she had an action of the bowels; she looked at the stool with unusual interest and a satisfaction in the quantity, consistency and colour of the fæces. Directly afterwards she mentioned this satisfaction to her husband. At this point I must say that in this patient there was an unusually strong repression of anal material; her feeling of shame in speaking of anything relating to it was so great that, if an association of that sort occurred to her and she had to tell me of it in the analysis, there was invariably a very great struggle. On the evening of which we are speaking this powerful reaction-formation suddenly ceased to function. In the night she had the following dream:

'I was in a room in which I remember that there was something like a large table, rather long in shape. This table was between me and my mother. At any rate I saw only the upper part of my mother's body, probably because she was sitting at the table. I saw too that she had on a kind of shirt-blouse, such as people used to wear, but with a turned-back collar, so wide open that I could see her neck and part of her breast. Or rather I could not see the breast very clearly, but the region of the breast-bone. In the dream I seemed to be quite little—not grown up. I said to her: "Give me some milk", and so saying, I had a vague vision of something like a bottle with milk in it. But at any rate I knew quite well that the milk in question was for my younger sister. My mother refused my request, saying that the milk was for my sister. I immediately flew into a tremendous rage. I began to call her names, all the time with the distinct feeling that I was working myself up into a passion. I made the most of my anger and tried consciously to fan the flame. "What! So she's to have everything, is she?" I said (or words to that effect). "I didn't really want the milk myself at all, I only wanted to see if you were a good mother. Now I know. Everything is crammed down her *throat, though she is fat enough already. And I, who work so hard and need something to keep me going, am grudged a drop of milk". Scolding her thus, at the top of my voice and with the greatest energy, I became more and more indignant and had the feeling that I was in the right and that I had caught my mother out in some despicable meanness. Finally I*

seized the first thing I could lay hands on and hurled it at her with all my force. I don't know what it was: some heavy object. But I know that it hit my mother somewhere near her stomach and that that part of her body was uncovered. I was quite pleased at having done this and not in the least sorry at the thought that I might have hurt her. On the contrary, I was very glad'.

On waking up, my patient had pains in the stomach, which she put down to having eaten too much on the previous evening. She resolved to fast that day or, at any rate, only to take liquid food. She thought she would drink a glass of rum to relieve the feeling of flatulence, but in pouring it out she upset the greater part of it on her clothes. She had no better luck with a liqueur chocolate. She then went out walking and suddenly thought she would buy cream instead of milk as usual. This she did and brought it home, but once more, when she was pouring the cream into her coffee, she was clumsy and upset most of it.

At first sight the dream seems to be simply a ' confirmatory ' one, giving perfectly clear and frank expression to what we had long ago laboriously brought to light. But a closer examination shews that the process of distortion was in fact at work upon the most important element in it, for the oral disappointment which it contains and the affects associated with it have reference ultimately to the father and not to the mother.

The strongest evidence of this is that the dream occurred just before the last analytic hour and undoubtedly represents the patient's reaction to the termination of her analysis. This is identified with an oral disappointment in the period of early childhood. During the whole analysis, which lasted for over two years, the patient had manifested an unusually clear and unmistakable father-transference. We cannot suppose that on the last day a fundamental change of attitude can have occurred. Moreover, the form of the transference hitherto had revealed plainly the decisive part played in it by oral wishes having reference to the father. Amongst various tender transference-phantasies there was one specially distinct one, which consisted in the patient's being taken on the analyst's knee, laying her head on his breast and hiding it between his coat and waistcoat. At times in the analysis, when the affectionate transference-feelings were specially strong, she had not been able to force herself to observe the analytic rule and tell her thoughts, but had often lain silent for a while in order to give herself up to a pleasant sensation which she could describe

only in the stereotyped words 'warm and sweet'. Obviously, this description indicates oral desires for the mother's milk. Sometimes, too, the wish to be fed by the analyst had occurred to her as an association of an 'unreal' sort. It was specially noteworthy that in the last analytic hour the patient produced a final 'dramatization' which really terminated the analytic work. Unfortunately I cannot go into this dramatization in detail here: subsequently the patient interpreted it herself. I will only say that it culminated in her feeling that she had hurt the analyst by her behaviour and that the thought gave her satisfaction. In the dream she vented her desire for revenge upon her mother: in real life she was obviously impelled to gratify it by revenging herself on the analyst who stood for the father. But, apart from the transference, there were facts in the patient's life which proved that it was in relation to the *man* that she had experienced oral desires and their disappointment during a most important period of her childhood. Above all, this was the explanation of her choice of a love-object. As a student she was being coached by a fellow-student for her examination, when a quarrel arose which led to his declaring that he would have nothing more to do with her. From that moment this girl, who was much sought after by other men, fell violently in love with the man who had rejected her and succeeded, after overcoming much resistance in him, in bringing him to reciprocate her love and to marry her. He was a man of extraordinarily strict principles which forbade many forms of enjoyment commonly held to be quite harmless. He constantly imposed further self-denial upon his wife, who was already the most modest of persons in her requirements. For instance, he said that she was not to wear shoes, only sandals, and that her clothes were to be of very coarse material. In general she yielded to him, and if she did oppose his wishes, it was done calmly and without emotion. On one occasion only there was quite unexpectedly a violent scene. Her husband had tried to force her to content herself with some inferior food in a small and unappetizing eating-house. She sprang to her feet indignantly and went rapidly out, and he had to hurry after her to appease her. As I have already said, she was generally perfectly indifferent to what she ate: obviously it was the oral frustration imposed on her by her husband which so incensed her.

In her analysis a disappointment in connection with her father had long played an important part. She had constantly dramatized it in her behaviour, and we had made use of the details then observed to reconstruct the original experience. There had been, moreover, certain

direct recollections. But, right up to the end of the analysis, the most important link had been missing, and it was supplied only on the interpretation of this dream.

I have already mentioned that the phenomenon which is the subject of this paper has its origin in the infant's sucking at her mother's breast, or perhaps rather in the trauma of weaning. We see from the details which I have related to you that it is not a question of a complete regression to the mother: on the contrary, the libido remains quite unmistakably attached to the father, in accordance with the normal positive Œdipus complex, and (impelled by the frustration imposed upon it) employs as its mode of expression a regression to that earliest and most impressive experience—oral frustration. In the case which I have described this reactivation of the oral phase, with the father as sole object, is particularly clear, and I think it is entirely typical, for it occurs regularly in women and has a peculiarly powerful influence on the development of their character.

Over and over again in normal women I have come upon these persistent and passionate oral desires directed towards the father. Nearly always they have been deeply buried through repression, and only analysis could bring them to light. The line of development seems to be invariably the same. The little girl has had to accept the fact of castration and therefore finds masturbation of the clitoris unsatisfactory. Next, her genital desires, the object of which is the father, or the child which she wants him to give her, are frustrated. She then makes a final effort to cling to the Œdipus complex, i.e. to her fixation to her father, and to this end she transfers to him with passionate intensity the oral desires which were originally gratified at the mother's breast. This phase is, of course, specially clear in cases like the one I have described, where, just in this critical period, a younger brother or sister appears on the scene and is breast-fed by the mother. The sexual object of this oral regression is, in any case, not the mother, but the father. Of course we must remember that differences in sexual constitution and in infantile experience here, as always, influence the situation greatly and determine the degree to which other (especially anal) components enter into it. Probably the 'alimentary orgasm', postulated by Radó, also plays an important part. Hence the unconscious phantasies which form the outlet for this phase may take very different forms. I have found that sometimes there is the phantasy of sucking the father's penis or of biting it off, occasionally of swallowing the semen, while, in one case, the

phantasy was clearly that of eating his fæces and in another (it is true, that of a neurotic girl) of drinking his urine. Of course, the other component-instincts play their part and produce the most manifold modifications and variations of the oral phantasies: indeed, these may be entirely ousted by some particular one of them, generally by the desire to give the father a child. My thesis is simply that in women this regression to the oral level, without relinquishment of the Œdipus object, is often an exceedingly profound process and may be of crucial importance in the development of their character. It would seem natural to conjecture that the deep-seated tendency to incorporate the father orally is a consequence of the vaginal sensations, now dimly felt for the first time and displaced to the mouth because they can find no satisfaction in the region of the vagina, which the child has not yet discovered. Possibly this is a phase of development corresponding to a part of the phallic phase in boys which cannot be shared by girls because of their lack of the penis. Whether these conjectures are correct or not, the fact on which they are based has been proved over and over again, namely, that in women these oral desires are a regular stage in their development through which men do not necessarily pass. I have never met with these passionate oral instinctual aims, and the phantasies embodying them, in men who were approximately normal, but only in those of considerable abnormality, whether in the form of neurosis or perversion. They were most marked in a masochist whose masochistic (i.e. his passive-feminine) attitude was overthrown by analysis, whereupon he fell at times into a kind of oral transport which constituted a sudden irruption into activity of unconscious oral phantasies. In this phase he once endeavoured to derive sexual gratification by swallowing his semen and, on another occasion, his fæces.

In girls the formation of the super-ego is linked up in an important manner with these oral wishes whose object is the father. It is in them that the Œdipus complex dies out, and therefore they can come to represent all the affects contained in that complex. The father, who frustrates the little girl's desires, is introjected, and thus, after all, gratification is achieved of the desire to receive him into herself. In this way she contrives to detach herself from the real father. Hence we see that no true super-ego can be formed until frustration has been experienced and has resulted in the final renunciation of the father. In the case I have described this was very clear, for, while the patient had retained her intense affective relation to her mother, with all its ambivalence, she had become perfectly indifferent to her father and

felt incapable of affection or hatred towards him. It is true that in the transference during analysis the Œdipus complex revived and so proved to be to that extent still in existence. But, as you will recognize from what I have told you, its chief aim was not genital, but oral, gratification. It often happens that the Œdipus complex is not destroyed by this frustration, but that the daughter remains throughout life fixated to the father. When this is so, an independent super-ego cannot be formed. In such women the super-ego is often highly developed and very powerful, but their ego-ideal is not really their own, but one acquired through identification with the father and copied from him. It must be admitted, however, that a good copy may be worth more than a bad original.

One essential difference between this factor in the formation of the super-ego in women and the analogous process in men is this: the man's super-ego has its origin in the threat of castration and therefore always has something of a menacing command about it ('thou shalt' or 'thou shalt not be like the father, or else . . . !'). The woman's super-ego, on the other hand, is based rather on the ideal of a renunciation. It is true that the difference is rather a subtle one, for it is a renunciation that the threat behind the male super-ego is intended, after all, to enforce. Later I shall instance certain social phenomena which seem, if not to prove, at least to illustrate, this distinction.

Now let us go back to my patient. Very early in life, from about her fifth year, her character had become formed on the lines which I have just described: she developed a leaning towards self-denial. When presents were given to her and her brothers and sisters, and she, as the eldest, was told to choose which she would like, she would gladly give up this privilege. Or when the others quarrelled over the possession of a toy she was always ready to waive her claims to it. At a time when her parents were in financial difficulties she secretly used the money given her for her lunch to buy exercise-books. As I have said, this all seemed to her a matter of course, and this was the spirit in which, almost before she had grown up, she dedicated her whole life to following out one idea, namely, that she should renounce not only all the amenities of life, but even the praise and recognition which would otherwise have been accorded to her many gifts.

Again, in the matter of remuneration for work she acted on the principle of never asking more than just enough to live upon. This woman whose whole life was one long renunciation, self-imposed and

willingly borne, manifested in her analysis a most importunate and exacting form of transference, very much of the kind described by Freud as open to no other argument but that of ' broth and dumplings '. No greater contrast could be imagined than that between her behaviour in real life, which was controlled by her super-ego, and her reaction in analysis, which had its origin in the unconscious. The transference, with its passionate demands, made its appearance soon after the beginning of the analysis and lasted to the very end, with a few short intervals during which there was a fruitless endeavour to convert her unreciprocated love into hate.

Although it seemed as though the influence of the super-ego was completely excluded from the transference, there were two points where it was clearly in evidence. On the one hand, however passionate her feelings and desires might be, the patient refrained entirely from any sort of importunity and, in general, differed from the type described by Freud in that, even when she was in the grip of the most powerful affects, she never lost her insight and was always accessible to analysis. On the other hand (and this is probably more important), these phantasies, which occupied her mind almost without intermission for two years, remained quite vague and without any clear content which could be consciously grasped. The single exception was the phantasy I mentioned, that of resting her head on the analyst's breast. Otherwise everything was indistinct, only one thing emerging into consciousness, namely, that what was desired was not the sexual act, but certain forms of tenderness belonging to childhood, such as being caressed, taken on the beloved person's knee and kissed.

In order to make my point clearer I will now pass on to an exactly opposite type of character. So far I have been dealing with the type of woman whose ego-ideal is developed to a degree above the average. I want now to contrast with this type that in which the ego-ideal is peculiarly undeveloped, having remained arrested at its initial, primitive phase. I have never actually analysed a woman of this type, but I have had opportunities of observing several at close quarters over a considerable period of time and at critical moments in their lives. The women of whom I am thinking are almost always remarkably charming in appearance and exceptionally attractive socially—at least, to men ; they do not usually form any satisfactory relations with other women. A woman of this sort has the power of entering into the idiosyncrasies and interests and ideas of the particular man with whom she happens to be talking, so that he feels she thoroughly

understands him and is accordingly greatly attracted to her. We are astonished to see how such women, although they have never followed out any course of mental training or pursued any serious studies, know quite a lot about a number of, often very difficult, subjects. But a finer ear soon detects that what they say is not original, but simply an echo of some man or other whose knowledge and views they have borrowed. All the subjects on which they talk—science or art, sport or religion—can be assigned to particular periods in their lives and to particular men, from whom they have derived their views. They do not even try to reflect upon and reconcile the various points of view : they simply treasure up the individual utterances of different men and actually do not hesitate calmly to advance quite opposite opinions, taken from different sources. So far there is nothing remarkable about this type of woman ; one comes across men also, though perhaps more rarely, whose views can similarly be traced without difficulty to various authorities. But I do not think that a man ever feels the need of entering into sexual relations with someone who constitutes such an authority for him, even when it happens to be a woman. With women, on the other hand, this occurs with convincing regularity. We shall be perfectly safe in assuming that a woman of this type has either been seduced by all the men who have subsequently contributed to her composite and imperfect super-ego, or, if this was impossible, that *she* seduced *them*. We cannot account for this by saying that such women have specially strong sexual desires, for they are nearly always frigid. Formerly I believed their narcissism demanded this form of recognition, but even then I had to admit that this explanation was not satisfactory, because the performance of the sexual act is by no means with all men a proof of their regard for a woman, in fact it sometimes indicates the exact opposite. I think that the true explanation is that the development of these women has been arrested at a primitive stage of super-ego formation and that evidently they can exalt a man to the position of the super-ego only when they have in actual fact incorporated him through the vagina (probably a substitute for oral incorporation). Naturally a super-ego of this sort remains for ever on a low level : it never becomes impersonal, and it exercises no real influence upon the ego.

I will now try to shew what is the bearing of the view here put forward upon our previous psycho-analytical knowledge. My view certainly accords well with the fact that the obsessional neurosis, in which so prominent a part is played by the process of desexualization

as the result of a regressive shrinking from the menace of castration, is essentially the form of neurosis to which men are liable, while conversion-hysteria might be termed the true feminine neurosis. We know that conversion-hysteria presupposes in the subject an almost complete attainment of the genital organization. Here it joins forces with the demand of the woman's super-ego for renunciation, which prevents her going the whole way in her development to the final experience of genital pleasure. The libido then remains, as it were, wedged tight, for on the one side the possibility of regressing to the anal-sadistic stage is already cut off, while, on the other, the peculiarity of the feminine super-ego hinders its progress to the complete genital organization.

My theory may also help to demolish a hitherto unresolved contradiction. As we know, the average woman is more narcissistic than the average man.[3] It is difficult to see why, if a woman's organization is more narcissistic, the loss of love should lead to neurosis in her more often than in men.[4] We should expect the opposite, namely, that she would be more able to tolerate the loss of love. We shall understand better how this can be if we assume that, where the boy's Œdipus complex is shattered by the menace of castration, the little girl endeavours to cling to the father, whether it be in her desire for a child or (as I have shewn) by means of oral regression. Only in those women who have accepted the denial of the love-object as the essential factor in the formation of their super-ego can their firmer hold on their narcissism outweigh the effects of the deprivation.

On the other hand, the super-ego's demand for renunciation results in an inhibition of sexuality far more marked, as we know, in women than in men and often amounting to complete frigidity. The attitude of many women to this abnormality is thoroughly characteristic ; they are quite indifferent to it and are contented to submit to the sexual act as something neutral or even unpleasant and to lack all their lives the experience of complete sexual gratification.

The difference between the feminine and the masculine ego-ideal is hard to detect in the observation of individuals. It can perhaps best be illustrated by certain social phenomena and types. Here again two contrasting types are the most instructive : that of the woman revolutionary and that of the saint.

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[3] Freud : ' On Narcissism : An Introduction '.

[4] Freud : *Inhibitions, Symptoms and Anxiety.*

From Robespierre to Lenin all the great revolutionary theorists and organizers of revolutions have been men. But when the time has come for a revolution to be actually launched and for the masses to be convinced that the time of renunciation and self-denial is over, when the moment has arrived to strike the blow and break the bonds, then a woman (or more than one) has always stood in the front rank. Thus it was in the French Revolution, when, as Schiller, with unconscious understanding of the oral factor, says, '*Da werden Weiber zu Hyänen*' (Women turn into hyenas); thus it was during the Commune in Paris with Louise Michel; thus it was with the so-called Nihilists in Russia (Vera Figner); and thus it will be in all the revolutions of the future. Turning now to the religious type, I will not cite tedious historical instances, but I will remind you of Anatole France's portraits in that masterpiece of genius, *Thais*. On the one hand he describes Paphnuce and his companions who strive after holiness by way of the severest self-martyrdom, scourging, living on the top of pillars and other deliberate tortures. How different is the asceticism practised by women, whether they belong to the group of Marthas or of Marys! With them there are no frightful mental crises, no implements of torture; their self-mortification consists simply in renunciation, extended, it is true, to all the good things of life and gently informing their whole existence. In the later history of the Church we meet with many female saints and mystical nuns of this type.

In conclusion I must point out that in the sphere of psychology the concepts 'masculine' and 'feminine' are extraordinarily uncertain in content (Freud) and that in anything so complicated as the super-ego we can never satisfactorily discriminate masculine and feminine forms. But, in justification of the points that I have made in this paper, I may remind you that they do correspond to the organic differences between men and women. The man's super-ego has its origin in the fear of losing a member of his body which his narcissism prizes highly; the woman, on the other hand, does not attain a super-ego at all unless the necessary renunciation of her claim to the penis leads to her accepting deprivation as a life-long ideal.

THE GENESIS OF AGORAPHOBIA

BY

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The observations which I have recorded in this paper have reference to a very definite type of illness, the symptoms of which may be described as follows: There are certain people who, when left to themselves in the street, experience the most intense anxiety. All the different symptoms of anxiety ensue: palpitation, trembling and, above all, the feeling that they are on the point of collapsing, that their end is near and they are helpless to avert it. Their anxiety is a genuine dread of death, and the content of their phobia, if put into words, is this: ' I shall suddenly die '. In this situation the terrifying thought grips them that they are on the verge of a fainting fit, a heart-attack, a stroke or some other catastrophe. Often the anxiety centres in the idea that they will be run over, will meet with a railway or a motor accident, and so forth. It is characteristic of this condition that it either totally disappears or becomes far less acute if the patient has somebody with him. Sometimes he derives a sense of security from being within sight of his home. As a rule the person with him must fulfil certain conditions to be of any use. There must be an affectionate relation between the two of them. Many people suffering from agoraphobia insist on being accompanied by a particular person. Others seem to be less hard to satisfy and will be contented with anyone whom they can associate with the prospect of ' speedy help '. Rich patients want to know that their physician, together with the salvation of his hypodermic syringe, is near at hand.

Since there appeared to be nothing remarkable in such patients' choice of a companion, we have hitherto been satisfied with their assertion that the possibility of rescue was the important point, and we paid no further attention to this ' subordinate figure '. In this paper I propose to discuss three cases which I knew intimately and in which certain circumstances impelled me to examine more closely into the significance of the ' companion '. I thus made some discoveries (which I think are important) about the nature of agoraphobia. I will not anticipate my conclusions, but will just say a little more about the general characteristics of such patients.

Apart from the state of anxiety, which arises only when they are in the street, these patients are for all practical purposes normal. It is

interesting to note that the disposition of some of them is more like that of the obsessional neurotic, while that of others is markedly hysterical. Cases with pronounced obsessional symptoms, existing side by side with those typical of agoraphobia (like the case described by Alexander [1]), are very common, and it is equally common to find a combination of agoraphobia with conversion-symptoms and hysterical attacks. These observations suggest that agoraphobia occupies an intermediate position between these two forms of illness.

I will now examine and compare certain cases from the point of view of the affinity of agoraphobia to obsessional neurosis on the one hand and hysteria on the other.

The first case is that of a girl of twenty, an only child. The father, who obviously took no interest in family life, had married a very wealthy woman and was in the position of a guest in his own house. The mother, who was highly neurotic, had from the outset concentrated all her unsatisfied libido on the child. The early infantile relation which existed between mother and child before the Œdipus complex made its appearance had been so successfully preserved that, at the time of treatment, the patient still slept with her mother and, when going to sleep, would suck at her mother's breast or finger. The analysis was mainly occupied with this relation between the two and aimed at resolving the morbid mother-fixation by producing a mother-transference. During the whole time of treatment the father stood for one thing only: an extremely unwelcome disturber of the peace, who at times threatened to come between the patient and her mother. In any case the Œdipus complex had terminated in a reinforcement of the mother-fixation.

In the anamnesis the mother said that the patient could never bear her to be away and that really, ever since her daughter's birth, she had been a slave to her. But it was not until the child reached puberty that the morbid symptoms appeared. She began to display intense anxiety if her mother left the house, the content of the anxiety being that something might happen to her mother, 'she might, for instance, be run over'. The daughter was always waiting for her at the window with a tense expression and heaved a sigh of joy and relief when she saw her safe and sound. To those versed in analytic work it is clear that this exaggeratedly affectionate anxiety was of the nature of an

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[1] Alexander, *Psychoanalyse der Gesamtpersönlichkeit.* Internationaler Psychoanalytischer Verlag.

over-compensation and must be regarded as a hysterical reaction-formation. The sensations of anxiety and the ideas about her mother dying in the street remind us of agoraphobia, but the roles are divided ; the anxiety is experienced by the subject, while it is the object who is in danger of death.[2]

Thus our patient's first neurotic symptom had been a hysterical one. Her anxiety doubtless had reference to the threatened loss of the love-object, her ambivalent feelings towards that object already shewing plainly in the content of her anxiety : something frightful was happening to her mother. This relation to her mother was an extension of the early infantile relation, and the genital repression of puberty was directed above all against homosexual impulses.

After the first, hysterical phase of her neurosis there followed, as we shall see, a transformation of her symptoms, which took on the colour of obsessional neurosis. In the analysis one could clearly trace the regressive revival of sadistic-anal tendencies after the successful repression of the genital ones. But, before this happened, yet another symptom-formation of the hysterical type could be recognized. The patient became unable to go out herself without her mother, the reason she gave being that, while she was out, something ' dreadful ' might happen to her mother (through her father, as we discovered in the analysis). The new symptom differed from the first only in the

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[2] This kind of anxiety-formation is one of the most frequent forms of infantile neurosis, and we see it succeed very early in life to the anxiety due to separation from or longing for the beloved object or else blend with these emotions. The impression we receive is that the anxiety of ' longing ' is followed by feelings of hostility and indignation against the faithless love-object who has deserted and abandoned the subject ; the anxiety on that object's behalf is a condensation of longing with its positive feeling-tone and the reaction to the disappointment—a reaction negative in tone, but concealed beneath the positive components. In a child this form of anxiety concerning a beloved object is the first sign that the conflict of ambivalence has set in. Now the problem is whether this ambivalence is already a manifestation of the Œdipus complex or of a biological factor from which the child's first hostile attitude to the outside world results. In so far as the loved object withdraws itself from the child and frustrates his libido, it becomes part of the hostile world around him. The Œdipus complex and the defusion of instincts which takes place when that complex passes would then reinforce and effect a neurotic stabilizing of the early infantile ambivalent attitude.

reversal of the locations: the patient now was in the street and the mother at home. The content was the same: once more this anxiety concerning the mother consisted of dread of a loss. That is to say, she feared lest in her absence the mother might bestow her love on the father. The hate-tendencies against the mother represented, on the one hand, a reaction to disappointment, and, on the other, were certainly part of the normal Œdipus complex, though in this patient it was buried deep beneath the impulses belonging to the inverted form of the complex.

This hysterical symptom, in its changed form, was, moreover, closely related to agoraphobia. The patient could not go out alone, because of her anxiety lest, while she was out, some mischance might happen to her mother. The close affinity between the two lies in the fact that this patient too was overtaken with anxiety if her 'companion' (her mother) was not with her. Only the content is different: it was not she herself who was threatened with some fearful disaster, but the person whom she longed to have with her and who had stayed at home.

So far the patient's symptoms shewed a certain likeness to the clinical picture of agoraphobia. In the sequel a constellation arose which, on the one hand, increased this similarity, but, on the other hand, plainly contained considerable differences. The patient had already reached the stage of not being able to go out without her mother; the next stage differed in that, even when they were together, she was tormented with the most intense anxiety about her mother, whom she held encircled convulsively by her arm, always concerned lest some accident should happen to her. Finally, the obsessional impulse which had so far been held in check broke out. She was seized with anxiety lest *she herself* should push her mother in front of a tram or a motor. This obsessive fear was combined with the obsessive impulse actually to do so.

In this case we can observe the transformation of one form of neurosis into another, the content of both being the aggressive impulse, which is repressed in the first form, only an anti-cathexis manifesting itself in the reaction-formation of over-anxious tenderness. Here the anxiety has its origin in two commingling tendencies. The one is a continuation of the early infantile relation to the love-object and a response to the danger of losing it. The other is a danger-signal, indicating the presence of the sadistic impulse and bringing about a further over-compensation by tenderness. The presence of the object

is the necessary condition of the patient's relief from anxiety. The neurotic symptom, so long as it was hysterical, consisted simply in this. We assume that in the further course of the neurosis a regression to the anal-sadistic phase occurred, which, we believe, explains the break-through of the impulse.

I will now pass on to the cases of agoraphobia proper. The first was handed over to me some years ago by a colleague who was leaving Vienna. The patient was a young girl with symptoms of typical agoraphobia. Whenever she went out without her parents she was seized with the most acute anxiety (of the kind that I have already described). Either her father or her mother had to accompany her. According to her own statement her first anxiety-attack in the street occurred when she saw a man fall down in an epileptic fit. From that time on she was unable to recover from the shock of this sight, especially as she was constantly hearing of cases of sudden death and seemed to be peculiarly unlucky in perpetually meeting ambulances or funerals and being reminded anew, by these ' experiences ', of the possibility of her own death. It is indeed remarkable how often persons suffering from agoraphobia are startled by such apparently fortuitous incidents which have a traumatic effect on them. It really is that their attention is turned in a particular direction, and thus they are always ready to receive these impressions, while other people do not notice them—the patients themselves may thus have the idea that they are pursued by a peculiar ill-luck. As regards the particular patient of whom I am speaking, I must mention that at about the time that she fell ill, that is, something like a year before the treatment, she began an erotic relation with a young man, which the bourgeois morality of her parents sanctioned as long as it remained a ' platonic friendship '.

During the patient's treatment by her first analyst there was a considerable improvement in her condition. Obviously this was a success due to the transference, and the meaning of it became clear as the analysis proceeded. The sympathetic and kindly treatment, which during the first part of her analysis acted as a substitute-gratification for her libidinal relation with her father, had resulted in her being able to come to analysis by herself and to go about within a considerable radius of the analyst's house without anxiety. The vivid, conscious phantasy about the analyst acted as a wish-fulfilment and served as a protection against anxiety and a substitute for a companion. Soon after Dr. X. went away, a fresh accession of anxiety occurred, this time with an unexpected content—namely, that something might

happen to him on his journey: he might, for instance, have a heart-attack. For a time the preoccupation with his personal safety submerged the thought of her own. At this point I might already indicate the analogy with the first phase of the case I described before. But in the second patient this phase of the illness was a passing one and was soon succeeded by the original clinical picture: anxiety about herself. In the first patient, on the other hand, the illness developed into an obsessional neurosis. This, as I said before, was owing to a regression to the pregenital phase. But in the case of the girl suffering from agoraphobia what was the determining factor in the clinical picture?

Let me point out, first of all, that the analyst's departure was felt by the patient as a disappointment in love and produced a sadistic reaction, which was, however, repudiated and converted into anxious concern for him. This apprehensiveness corresponded to the hysterical reaction-formation which I have already mentioned. The fact that the content of the anxiety was in both instances the same—first, about herself and then about the love-object who frustrated her libidinal desires—leads us to suppose that there must be some element which bridged the gulf between the two ideas connected with the anxiety.

The patient's analysis grouped itself round two traumatic experiences. The first occurred in the very middle of her childhood, while the second dominated her adolescence. The infantile experience was the actual overhearing of intercourse between her parents, when she imagined that her father was strangling and torturing her mother. The incident at puberty was a severe seizure which her father had after a bath. He collapsed as though dead and had to go to a sanatorium for a considerable time. All the patient's phantasies at the time of puberty were the revival of the situation when, as a child, she listened to her parents. They were of a feminine, masochistic tone and contained, besides the normal ideas of the man's overpowering the woman and degrading her to the status of a prostitute, other specially blood-thirsty features: for instance, that a red-hot iron bar was thrust into her genital, that she gave birth to a child and in doing so burst into pieces.

In all these masochistic phantasies which the patient had woven round the experience of overhearing parental coitus she had identified herself with her mother. The Œdipus complex terminated in the fixation of this identification and of the desire associated with it to get rid of the mother. In this patient the desire took a specially aggressive form. The experience during puberty (her father's sudden

illness) which befell her at the time when the conflicts of puberty had set in, had revived the memory of the early infantile experience and mobilized again the former (hitherto repressed) reactions to that episode, in so far as they affected her attitude to her father. Her wish might be formulated thus: 'If you do not love me as you did my mother then, you shall die'. Her father's loss of consciousness and the convulsions with which he was seized were precisely the connecting link of association with the first, infantile scene. The *repudiated* death-wish against the father corresponded to the regressive revival of the infantile desire to castrate him.

The neurosis broke out after she had in real life been approached sexually by her lover. The object of the symptom was that her parents should protect her 'in the street' (i.e. outside the house) from a danger which there was now actual reason to apprehend. But this did not exhaust their duty as companions. As soon as the patient was placed in a situation of temptation (i.e. outside the shelter of her parents' house), mobilization occurred of the instinctual impulses which at other times she kept firmly in a state of repression.

As we have seen, these impulses were predominantly masochistic in character. The danger to the ego lay not only in the particular impulse which she repudiated, but in the destructive tendencies of the instinct. We have seen that the Œdipus constellation, which had been retained by fixation and to which the patient regressed, had for its basis a feminine-masochistic identification with the mother. The result of this was that even the patient's aggressive tendencies, whose real object was the mother, were turned against her own ego, transformed as it was by identification. In addition, the aggressive impulses directed against herself received reinforcement from her hostility to her father.

There was particularly clear evidence of this last fact in the girl's transference-relation to Dr. X. The analyst's sympathetic response to her difficulties and her hope and expectation of winning his love had modified the aggressive tendencies and set her free from anxiety. When frustration occurred, all her sadistic, revengeful feelings were roused up again and the anxiety acquired a content nearer to its source. The kind of death to which she condemned the analyst corresponded perfectly to the impression made on the patient by her father's seizure and further to what she feared for herself in her phobia.

The whole, adequately repressed, material became mobilized only under certain conditions. When she was separated from her parents

the street (which to her mind was a 'situation of temptation' partly in reality and partly symbolically) constituted the dangerous condition. We can now understand why the anxiety which had reference to dangers within herself was allayed when she had her parents with her. The ostensible protection from the external dangers of the street was simply a gross rationalization—a displacement to the outside world.

Her identification with her mother, which was determined by the mode of her libidinal development, contained two sources of danger: that of loss of the love-object and that of death to her own ego through a reversed direction of her aggressive tendencies. Her mother's actual presence seemed to diminish both dangers: the first by virtue of the reassurance obtained from the loving protection she bestowed, and from the certainty of her still existing as a love-object in the outside world, and the second (that of the girl's own death) in that the patient, while herself sheltered by her mother, was enabled in her turn to protect the latter, and therefore her own 'ego' also. At the conclusion of this paper I will come back to the considerations that I have thus briefly sketched.

Case III. The patient whose case I shall now describe was a woman of about forty, of the lower middle class, the mother of three children. Hitherto she had been practically well and normal. Her elder daughter, a girl of seventeen, who had been brought up by her mother on lines of strict bourgeois morality, was beginning to be interested in men and love and all the things which are of the greatest importance at her age. This disquieted the mother, who, although she seemed to permit her daughter these interests, was continually spying on her and weaving the web of her own curiosity round the girl's innocent love-life. Finally, she learnt from her daughter's diary, which she discovered 'accidentally', that the girl was just forming a relation with a man for whom the patient herself cherished a certain interest. Thereupon her neurosis set in. To me it was extraordinarily interesting to note how the whole conscious and unconscious phantasy-life of this woman, who was approaching the climacteric, was dominated by the revived emotions of puberty. In typical fashion the daughter assumed in the patient's phantasy-life the position which the patient's mother had once occupied. There arose in this woman, who was almost elderly, the characteristic phantasies of puberty (defloration, rape and prostitution), phantasies, that is, of all those dangers which she, as an anxious mother, should properly have dreaded for her daughter. These impulses of the patient's illicit desires (which she

repudiated) constituted an identification between herself and her daughter. At the same time the latter became her hated rival, against whom she directed the whole revenge-reaction, which originally had reference to her own mother and had been suppressed. In imagination (almost conscious) she saw in her daughter, as she had once seen in her mother, an obstacle in the path of her own happiness. She used to tell me that she had been brought up by her mother quite differently from ' modern ' girls. She was not allowed to go out without a companion, and a strict watch was kept upon any love-affairs. This same situation of being watched was what she repeated in her agoraphobia. It was impossible for her, tortured as she was by the dread of death, to go out alone. The only person she would have taken as a companion was this daughter, but as actual circumstances prevented the patient's insisting on this condition, the result was that she generally had to give up going out.

Here we can perceive with remarkable clearness how the different roles are allotted. The daughter is to be on the watch and see that the mother does not succumb to her instinctual impulses, the very ones which constitute the basis of identification between the two. In our patient there are not only the dangers arising out of the promptings of instinct, but also the aggressive wish to get rid of the rival; owing to the identification which has been established, the fury of this desire is turned upon the ego. At the same time the mother is keeping a watch on her daughter, in whose situation the element of danger lies not merely in her awakening sexuality (which it is the mother's duty to protect), but also in that mother's unconscious aggressive impulses. Thus the daughter has assumed also the role of the super-ego, the vigilant faculty, the guardian who forbids and menaces—the role which was formerly filled by the patient's mother. We see here a process analogous to that in the case described earlier in this paper. The companion becomes the ' protector under protection '. The fact that the object of the identification, against whom the aggressive tendency is directed, is set up in the outside world and that its guardianship takes a loving and not a menacing form, enables the patient to lose her dread of death. The process of identification on the one hand, and on the other the threat of death to the subject's own ego, are transitory manifestations, associated with the situation of temptation arising when the patient is out-of-doors. It is noteworthy that her feelings of anxiety were at first associated only with a certain part of her way from home—a path along by a fence behind which she often

saw men urinating. My reason for emphasizing this is that I have received the impression that exhibitionistic tendencies play an important (though subordinate) part in the determination of street-perils. I will come back to this point in telling you the next case-history.

Case IV. This was the case of a woman, aged twenty-seven, who had been married for three years. She was the second of three children and had a brother two years older than herself, in relation to whom a marked penis-envy had developed. Of her sister, two years younger than herself, she was acutely envious on the oral level. Both these hate-relations had a very crippling effect on her life. When she was four and a half, her brother died after an operation on the cæcum. His death caused the fixation in her mind of a most crushing sense of guilt, the more so as other critical events in her childhood came to be associated with him. Chief amongst these was a great disappointment inflicted on her by her mother. She had thought that, when her brother died, she would win her mother for herself, but, instead, she lost her. For the mother, utterly overwhelmed with grief, withdrew from her family and lived by herself in an attic room. This separation placed the little daughter in a situation which she had doubtless wished for, but which was full of danger. The little girl now slept in her father's bed and was able to translate into reality quite a considerable part of her Œdipus phantasies. After a year the mother tried to resume family-life, whereupon she found already in her little daughter neurotic reactions to these occurrences. During the latency-period further neurotic difficulties arose: a dread of thunder and of earthquakes and all kinds of slight conversion-symptoms, which analysis shewed to be phantasies of pregnancy. Even before puberty the child had heard of women who walk the streets at night and do something 'dreadful', and she could not be induced to leave the house in the evening. Her imaginings about these women underwent condensation with the phantasy which depreciates the mother; thus the mother was degraded to the level of a prostitute.

Two recollections from the latency-period played a great part in her analysis. The one was about an anxiety-attack in the street on a certain occasion when her mother had told her to go and apologize to a lady from whose garden she had stolen some fruit. She obeyed with fury in her heart, but she failed to carry out her mother's injunction because on the way she was seized with palpitation and trembling. She realized herself that it was a question of suppressed rage against both women

The other recollection was associated with a story called 'The Lighthouse-keeper'. There was a certain lighthouse of which the keeper was a woman. Her duty was to give warning signals to the ships at sea. She lived in the lighthouse alone with her little daughter. One day the little girl found her mother up in the tower, lying on the ground dead. The woman had died suddenly of a heart attack in the midst of carrying out her important duties. The courageous child, with great presence of mind, took upon herself her mother's work and heroically saved the ships which were in peril.

After reading this story the patient was seized with the most acute anxiety whenever her mother went out, and would stand at the window or the gate until her mother came back. We note here the same condition as in the case of the first patient (the one with the obsessional neurosis), but the sequel was different. In an extremely characteristic way the patient would say of her phobia: 'I do not know whether the anxiety was for myself or my mother'. The content of the story shews clearly what was the content of this anxiety. The little girl in the book took her mother's place. The death of the mother was the condition of an unconscious wish-fulfilment in the patient herself. At the same time the role which she tried to enact as a substitute for her mother was associated with the same depreciation and degradation of her own person as she originally applied to her mother. The fulfilment of these wishes would make the patient herself a prostitute, as in her phantasy she made her mother. We recall the infantile situation which was undoubtedly the traumatic basis of her neurosis. Although this situation appears to be a quite individual experience, it not only gives its cast to the subsequent neurosis of this particular patient, but also affords a rough outline of my conception of agoraphobia. As a little girl the patient was abandoned by her mother, on whom she was very dependent. This constituted a trauma—the loss of the love-object. The mother left her place beside the father to the child, who was thus exposed by her to the danger of fulfilment of her unconscious wishes which culminated in identification with the mother.

When the mother came back from her voluntary exile the little girl's mind was already ripe for rivalry: she could maintain her place under one condition only, namely, if her mother died, like the lighthouse-keeper. (The very relation between the places where the two women lived formed an analogy: the attic was equivalent to the tower.) In later life, when situations arose which contained the

potential gratification of the patient's repressed libidinal tendencies (which in her, as in the other cases, were of a masochistic nature), she summoned her mother from exile. The intention was twofold: first, that she might prevent the fulfilment of these wishes and, secondly, lest the death-wish, conceived in the past against the mother, whether in her role of protectress or as the person interfering with the child's gratification, should be fulfilled with the patient herself as the victim. The anxiety-signal of her agoraphobia was nothing else but her past summons to her mother.

Let us now return to the history of the case. While still at school she entered into a sentimental love-relation with a boy schoolfellow. At the age of eighteen she made the acquaintance of her future husband, who made a strong sexual impression on her and began to woo her. This led to a conflict. The home atmosphere of her childhood was prodigiously ascetic and bigoted. After the death of her son the mother had visibly adopted a neurotic type of asceticism. Whilst practising self-denial herself, she became excessively strict in questions of morality, and everything to do with sex was placed under the severest ban. A conflict now arose in the patient's mind when her passionless relation to her friend was interrupted by her future husband. For the friendship she already had her mother's permission, which amounted to a command that one was bound to remain faithful to one's first, 'ideal' love. The patient could not make up her mind one way or the other. Clearly the relation to her future husband was prohibited, even on external grounds, since he, in contrast to her devout mother, was an atheist. The conflict assumed a neurotic character and the patient tried to find a way out. She had already conceived the idea that, if she broke with her friend, it would kill him. That is to say, she was already endeavouring to get the disturber of her wishes 'out of the way like her brother'. As a prophylactic measure for relieving herself of the sense of guilt she underwent the same operation as that to which her brother had succumbed. This had the mental effect of enabling her to come to a decision: she broke with her friend and became happily engaged to the other man. Thereupon the agoraphobia broke out. One Sunday, when she was going to see a motherly friend (the patient lived a long way from her own home) to tell her of her deliverance from conflict, she was troubled on the way by the idea: 'What will she think of my behaviour?' Deep in thought, she came into a rather quiet street and was suddenly seized with a feeling of dread: 'I am going to collapse utterly'. Her friend had

to be fetched and only under her protection could the patient go the rest of the way.

Now, what had happened ? Her break with her schoolfellow had caused her sense of guilt to weigh very heavily upon her and had revived the memory of her brother's death. By breaking off the friendship she was enabling herself to gratify her sexual desires, as she had done when she slept with her father. Hence all these desires took on an infantile character and came under a severe prohibition. As in the early episode, her mother would cease to love her and would abandon her to sexual danger. As then, so now, the death-wish against the mother awoke in her mind. As in the first, infantile phase of her neurosis, to which I have alluded, she waited in suspense for her mother, so now she could not go a step further without being protected and delivered by her from the sense of blood-guiltiness. This was why the friend—a mother-imago—had to accompany her.

The neurosis settled down into a typical agoraphobia. Acting on medical advice, she married the man she loved, but her state became, if anything, worse. Her only gain was that her husband became to her the companion whom she tormented with her symptoms and chained to her side. Coitus brought on acute anxiety-attacks and vaginismus.

In her analysis with me she soon developed a wonderful ' transference-neurosis ', which, through the many details of her relation to myself, gave me considerable insight into the original neurosis.

The first phase was dominated by a ' negative transference ' refusal to be cured with me as analyst and distrust of my tolerance. How (she asked) could I be a proper analyst when I forbade my own daughter (as the patient phantasied) everything to do with sex ? She interpreted my every gesture as a prohibition and oscillated between flat refusal and slavish obedience. She always entirely confirmed my interpretations, but I noticed that often (for instance, before she told some dream which was in striking agreement with what I had said) she began to laugh convulsively and frequently a quarter of an hour would pass before she could stop. It was clear that, while ostensibly accepting me, she was really distrustful and was mocking at me.

If I gave her any piece of advice, e.g. that she should be examined by a gynæcologist, she fell into a state of obsessional indecision : she was forced to obey and yet she could not bring herself to go. One day I did actually ask her to come to me on foot and not, as she usually did, by motor. Nevertheless on the way she took a taxi, but on this occasion, contrary to her custom, she was seized in the taxi also with

acute anxiety, the dread being that she would be punished with death because she had transgressed my order. On the steps she was overcome by the feeling that something had happened to *me*. For the first time she had an anxiety-attack during analysis. It gradually passed into a typical tonic-clonic hysterical attack and she fell on the floor. When the attack ended, she knelt before me and said : ' Forgive me '. I asked her what there was for me to forgive and she replied : ' My temper '. Thus, it was obvious that the attack was a vent for her rage.

On this day she went away perfectly free from anxiety for the first time in seven years ; it is to be noted that she had never before had a hysterical fit. The next few days passed almost without anxiety and the patient constructed a ' ceremonial ' about myself, in order to remain free. For instance, when walking in the street she would keep close to women in whom her imagination could see me. But she avoided any woman who looked ' feeble ', in case this woman should ' collapse '. Or the patient would remain for hours in the neighbourhood of my house and would experience no anxiety. A visiting-card of mine was used by her as a protective talisman, as a bit of myself. The head of the pension which I had recommended to her received from her a certain amount of transference-feeling. The patient would go out with her, but with a sense of oppression and anxiety lest this lady should collapse in the street. The way to my house was divided into two halves. The first was beset with anxiety and in the middle there was a gap which greatly increased this emotion ; from that point on there was a safe zone.

As the positive transference grew, her anxiety increased lest I should inevitably turn her out if I discovered everything. Next, she produced phantasies in which *I* did all the things which were forbidden her. For instance, she phantasied that I had secret relations with men, that I had love-affairs with my male patients and stripped myself in their presence, and one day she confessed under great resistance that she had an idea that I masturbated during the analytic hour. All these accusations corresponded to her own wish-phantasies and established an identity between the two of us by way of the idea of guilt in common. My other side, too, with its hypermorality and its prohibitions, corresponded to the patient's own ascetic ego-ideal. This dissociation in my personality was identical with that which she had formerly contrived in her thoughts about her mother and made the basis of her identification with her. On the one hand were all the

forbidden, sexual tendencies and, on the other, the severe, menacing super-ego. The furious death-wish against me was (as analysis shewed) part of the revolt against the mother and was converted into a threat of death to her own ego, which she identified with the mother.

In the following dream we have a specially clear illustration of this identification of her mother with myself: *She was lying on a hard bedstead, with her feet close to a fire-place which was a combination of a stove and a gas-fire. The bedstead was made out of two chairs which were pushed apart so that part of her back was in the air. A burning candle stood on the ground below this part of her back, which she had to keep on arching in order not to be burnt. She had palpitation and a sense of anxiety.*

The patient's associations to this dream led to the situation of danger to which her mother had exposed her when, after the little son's death, she gave up sleeping on the same floor as the father and daughter. The father (who was evidently the victim of an obsessional neurosis) used always to look under the bed at night with a lighted candle. The motions which the patient made in the dream corresponded to the typical *arc de cercle*, reproduced in her hysterical attack during the analytic hour. The fire-place at her feet was a condensation of a stove in the room where I treated her and a kitchen-grate at home. At her mother's wish she was obliged to cook the breakfast on this kitchen-stove and, while doing so, she had a great dread of mice which used to creep out of holes under the grate.

In this dream the patient was trying to shift on to her mother's shoulders the blame for her own onanism and her phantasies relating to her father. Her mother had in fact brought her into these situations, but I was repeating the offence by making her phantasies conscious.

In another dream *she was lying in bed with her mother and perceived that the latter was masturbating. The patient took her mother's hand away from the genitals and woke with feelings of anxiety.* Here we see clearly the identification between the dreamer and her mother on the one hand and, on the other, between myself and the mother (by way of the masturbation-phantasy, which, as I have mentioned, the patient had about me).

As her relation with me gradually lost the strain of anxiety, she ventured to reveal to me more and more her sexual phantasies. These were throughout on the genital level, feminine and markedly masochistic in character and the birth-phantasy, both in its active and passive forms, was of central significance in her agoraphobia. Hysterical

attacks which developed during the analytic hour gave access to the hidden content of her agoraphobia.

Such attacks would take place, for example, when she was relating anxiety-dreams, or the attacks themselves would be of a dream-like nature and, when they passed, the patient would be able to tell me the content of the phantasy which had accompanied them. These dreams and phantasies were representations of parturition. For instance, she dreamt that *she was in a dark cellar. She was pursued by some woman and experienced awful anxiety because she could not escape from the cellar. Suddenly she saw that blood was flowing from a 'hole in her head'. An ambulance was standing outside; she was placed in it and felt that she was saved.* Her associations made it plain that the dream represented parturition.

In another dream, the narrating of which brought on an attack, *she was standing by a window and was surprised to find that she felt anxiety lest she should fall through it. She threw a little doll through the window in the street, whereupon she felt that she was at the point of death. This feeling was warded off by vigorous jerks of her whole body.*

What was specially interesting in this case was its gradual conversion into hysteria, manifested in recurring attacks. As her relation to me improved and the destructive function of the now more submissive super-ego became more restricted, the anxiety diminished. Every time some repressed content was aroused by the analysis, hysterical attacks occurred, but, characteristically, *only* during the analytic hour. These attacks represented situations of a distinctly genital character (onanism, coitus, birth, parturition). The patient said that she could allow herself to have attacks while she was with me because, even though it was like dying, she had no need to fear when I was there. When she was out in the street the anxiety seemed necessary as a protection from the fulfilment of unconscious tendencies. I think we may accept her explanation. So long as the aggressive tendencies of her super-ego were holding over her the threat of death, the wish-impulses had to be prohibited. But when the tension between ego and super-ego (i.e. in the analytic situation, between her and myself) grew less, the permissive forces could come into play and she could allow herself to represent the repressed instinctual wishes in symbolic form in her attacks. I think that the modification of her aggressive tendencies by analysis had this result: the super-ego became less severe, the genital impulses could fulfil themselves and motor discharge in the hysterical attacks took the place of the inhibiting anxiety.

In this case we see the conversion of one form of neurosis into another, just as in the case I described first anxiety-hysteria was metamorphosed into obsessional impulses. At first, the inner danger of the sadistic tendencies was held in check by the exaggeratedly tender anxiety about the imperilled love-object. When the repressed ideational content broke through, the aggressive tendencies became conscious and could be combated by external measures. In Alexander's opinion [3] the murderous impulses break through the repression when the ego, in consequence of punishment inflicted on it by the super-ego, has lost its power of resistance to the id, but, on the other hand, when by what it has suffered it has satisfied the claims of the super-ego (in the guise of conscience) and can afford to admit the repressed impulses to consciousness. In the case of the patient with obsessive impulses, discussed earlier in this paper, it looks as though the breaking-through into consciousness depended on yet another condition. So long as the mechanism by which the forbidden impulses were kept in the unconscious was applied, in a manner typical of hysteria, to the sense of guilt as well, the hostile tendency could remain concealed under the guise of anxious concern for the object threatened with danger. When the destructive tendencies are reinforced by regression, the hard-pressed ego tries to find a rational justification for its feelings of guilt which are pressing towards consciousness. Just as the ' criminal from sense of guilt ' tries to manufacture a real ground for it in the external world in order to rationalize his guilt, so the hard-pressed ego seeks to find in its own internal world a rationalization for its sense of guilt. In its search for the motive of this guilt it realizes inwardly its own murderous tendencies. As we have seen, regression to the sadistic-anal phase was the motive for the transformation of the symptoms in the first case. In the *last* case the change of symptoms took place after both the hate-tendencies and the severity of the super-ego had been modified by the favourable conditions of the transference.

This material, acquired by the observation of cases, enables us to explain as follows the relation of agoraphobia to hysteria on the one hand and obsessional neurosis on the other. We know from Freud that phobias must be classed under the heading of hysteria because they belong to the genital phase. The individuals in whom they occur seem to be regularly persons in whom the conflict of ambivalence is more acute and the sadistic tendencies are more severe than is usually

[3] *Op. cit.*

characteristic of the genital level. The fact that the subject has attained to and kept his footing on that level probably prevents the formation of obsessional symptoms, but there is nevertheless a pull from the sadistic-anal level, which may give an impetus in the direction of regression and may produce either a metamorphosis of the hysterical neurosis into obsessional neurosis (as in Case I.) or a fluctuation of the symptoms between the two.

Under certain conditions repressed impulses become mobilized and the relation to the tenderly-loved object is regressively degraded to the identification with it which was once established and fixed. The aggressive impulses against this object, when mobilized under the same conditions, are turned against the ego (because of the identification) in a manner which threatens its very life.

The process reminds us of that in melancholia. There the object is introjected and its fate—the threat of death and the reaction of anxiety in the imperilled ego—is through the destructive instinct inflicted upon the subject's own ego. The difference is that in phobias identification takes place at a higher level of libidinal development and hence is transitory and can be corrected. It occurs only under special conditions and may be cancelled if the patient meets with response from, has access to and receives love from the love-object. The same applies to the inclination to aggression. If the object is present and affords protection this tendency, which otherwise jeopardizes the life of the subject's own ego, is cancelled.

My conclusion is that the characteristic feature of agoraphobia is that between the subject and the object against whom the hostile tendencies are directed an identification takes place under conditions inherent in the Œdipus constellation. The sense of guilt is appeased by the fact that in the ' turning against the ego ' the latter comes under the threat of death. But the tension between the ego and the menacing super-ego is relaxed only when the presence of the protective love-object gives the assurance that that object is not in peril of its life and has not abandoned the anxiety-ridden ego.

In the last case which I described we were able to trace exactly in the transference the genesis of this tension between ego and super-ego. It came into play between the two aspects of the identification. In the one the subject identified herself with the degraded love-object and did so by means of the dangerous instinctual tendencies : ' I am like you and it is my instincts which make me like you '. In the other she identified herself with the severe love-object who prohibited

gratification of instinct (the ascetic mother). But always this severity made itself felt *only* in the situation of temptation—in the street. Since my patients were women the first identification bore the mark of the feminine-masochistic attitude.

An important secondary symptom which I observed in these cases was a strong exhibitionistic tendency. For instance, my last patient was much freer from anxiety if she closed her eyes in the street. I discovered that there was an important central significance in passive and active birth-phantasies. In these, the idea of being ' away from home ' and ' outside in the world ' has an important symbolical meaning.

The dread of parturition, as an element in feminine-masochistic phantasy, is a direct successor to the dread of castration. It was precisely the cases of agoraphobia which made clear to me something that I think is characteristic of feminine libidinal development. The surrender of the desire for the penis passes straight into the obscure desire for a painful assault. Thus the castration-wish and its direct successor, the wish for defloration or parturition, have the same representatives in the unconscious of women. In them the dread of castration, when it is not mastered, is transformed into neurotic dread of defloration or parturition.[4] The process of metamorphosis can be clearly traced in the analysis of patients suffering from agoraphobia.

I have, moreover, an impression that feminine-masochistic birth-phantasies play the same part in male patients with this neurosis.

I do not know whether these cases afford a complete explanation of the problem why agoraphobia occurs only in the street. Of course, these patients must always have a tendency to anxiety, which breaks out under certain conditions associated with the street. Freud holds that these conditions are (*a*) the loss of the protective shelter of the house and (*b*) the temptations of the street. Temptation arises there when regressive factors have degraded the love-life into prostitution, and this is brought about above all by the masochistic tendencies so clearly manifested in my patients. Similarly, the street constitutes a special danger to exhibitionistic impulses, and these too were markedly present in the cases I analysed.

An important determinant was, I found, the passive and active birth-phantasy. Undoubtedly, too, the strong, libidinal significance (which Abraham pointed out) of walking and of the legs plays a secondary part in the whole picture.

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[4] In a paper on ' Frigidity ', shortly to be published, I will discuss these processes in greater detail.

PSYCHO-ANALYTIC TREATMENT IN A SANATORIUM [1]

BY

ERNST SIMMEL

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In considering the cases of patients about whom we are consulted we psycho-analysts have this peculiar advantage that, when we have made our diagnosis, we have also a reliable prognosis for our therapeutic work. We know that difficulties lie before us, the degree of which increases according as we are dealing with a case of hysteria, an obsessional neurosis, a narcissistic neurosis or a true psychosis. By the measure of regression underlying the clinical picture in these different diseases and the extent to which the libido has been shattered by that regression we are enabled to draw conclusions as to the duration, the laboriousness and the prospects of our treatment in each case. If a neurosis conforms more closely to the transference-type we call it 'slight': if to the narcissistic type we call it 'severe'.

And yet we not infrequently meet with patients from whom we have, hitherto, had to withhold our help for reasons quite independent of the degree of 'severity' of their cases in the psycho-analytical sense. We could not attempt their treatment or have had to break it off prematurely, because their illness was too 'severe' in another sense—I mean, from the general clinical standpoint. In these neuroses the clinical picture has either persisted or has been so unsuitably handled that the symptoms have reached a point at which the patient's condition is markedly asocial. For instance, in this stage of illness the hysteric or obsessional neurotic may be suffering without intermission from anxiety-states or their equivalents or else his defensive measures (in phobia) or his 'ceremonial' (in obsession) may be restricting within increasingly narrow limits the radius of his personal activities. The result is that he is for practical purposes as incapable of orientation in reality as is the psychotic. We can understand that these patients become an intolerable burden not only to themselves, but to those around them, and are a menace to the stability and security of their associates. Let me illustrate this by some examples taken from the clinical cases which come to our sanatorium.

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[1] This paper is an expanded form of that read by the author at the Tenth International Psycho-Analytical Congress, Innsbruck, September 3, 1927.

What is a husband, whose daily life is completely taken up with his arduous and responsible professional work, to do when for months at a time he has to struggle night after night with the acute anxiety-attacks of an hysterical wife ? How is a physician to carry on his work, or even to exist, if he has a wife whose obsessions make it impossible for him to practise because the very doctor's plate and everything pertaining to the facts of illness, operations, death, burial and mourning are for her under a taboo which forces her ceaselessly to perform some ceremonial or washing ? Or how is a very wealthy woman to exist if everything connected with domestic servants is taboo to her husband ? I once saw another of these patients afflicted with such taboos, and both her legs were deformed in the lower part, in a manner suggesting elephantiasis, because for two years she had felt that she must never assume a horizontal position. In cases of this sort, as you know, not only must the patients themselves stay awake and continually wash throughout nights of torment, but the healthy persons with whom they are associated must do the same, lest they too should be 'infected the phobia' as one of my patients expressed it. Again, consider how deleterious is the influence upon their relations of persons suffering from morbid cravings and of neurotic characters. How is a man to keep a high social position when his reputation is constantly jeopardized by his wife's dipsomania ? What is the end of those many family-tragedies, with which you are as familiar as I, where, for example, a successful father dies of heart-trouble brought on by grief over some member of his family who suffers from pseudologia or kleptomania, let us say, a son who gambles, contracts debts, cheats, drinks and finally is the ruin of his father's reputation and fortune ! All these are, as we know, *symbolic* manifestations of the castration-complex. But it is the social position or the very life not only of the patients themselves, but of the others, which is ruined by this symbolism.

Now what has hitherto been the fate of all these neurotics who could be treated only imperfectly or not at all by psycho-analysis ? They ended by suicide or else in prisons or asylums. At best they spent the rest of their life wandering from one physician to another or staying in the usual sanatoria. In these institutions their existence may have been for a time more tolerable, that is, when some form of ' treatment ' imposed upon them a mode of life so full of compulsion, torture and degradation that for the time being their unconscious sense of guilt (the *causa movens*) was paralyzed. I know of grotesque hunger-cures

in some sanatoria and of methods of electrotherapy and massage which were really the equivalent of constant beatings. Similarly, lunatic asylums and prisons may satisfy the neurotic's tendency to self-punishment and bring about 'improvement' in his condition. But can we, who claim to be the trustees of psycho-analysis, with the treasure of its thirty years of research, subscribe to such 'methods of cure'? Are we to keep silence when we know that these neurotics, who cannot die of themselves, are being deprived of *normal* life by their physicians, because the latter do not know how to adapt their patients to it, how to make them 'capable of living and enjoying life', i.e. how to make them well? I think the need for a psycho-analytic sanatorium is obvious, one in which we must try to counter with other weapons the difficulties which I have alluded to as hampering the psycho-analytic treatment of visiting patients.

Again, this sanatorium must include amongst its activities a systematic psychotherapy of organic diseases, on lines in accordance with psycho-analytical theory. For in such illnesses, no less than in mental disease, the relation of the patients to those about them is often a decisive factor. At the least, if the illness lasts a long time, a secondary 'gain through illness' has to be reckoned with—a gain which the patient's suffering enables him to utilize as a weapon in his struggle with the other persons concerned. For the patient who has a physical disease turns his destructive tendencies in upon his own ego, upon the subjective world around him (i.e. his body) and expresses in his behaviour the hostility which is really aimed at the objective world about him, i.e. his relations. They in their turn, reacting to the unconscious of the sick member of their family, strive *unconsciously* to compass his death. Last year I was consulted about two such patients and saw them die purely from the tyranny of 'loving' care.

Hence, there can no longer be any question that the lack of a psycho-analytic sanatorium is a deficiency of which we have long been conscious. The need for it arises out of a state of affairs which is *general* though for the most part latent, as I learnt from observing the serious cases of which I spoke at the beginning of this paper. I mean that the suffering of these patients, who come to us for treatment, either of their own accord or at the instigation of others, often is only one symptom of a collective illness. For it is this which binds the neurotic's life with the lives of those most intimately associated with him: his parents, his brothers and sisters, the woman whose husband or lover he is, perhaps, too, his partners in business. That is to say,

they are either the original figures which moved on the field of his childish conflicts, or copies of them. In our serious cases we have, as it were, simply the representatives of a collective neurosis. The reason is that the patient's associates, either because their own complexes are homologous to his or in reaction to the unconscious content of a clinical picture unfolded before them year after year, have developed a complementary, though latent, neurosis. Our patients are especially prone to express their psychological situation in their behaviour, and every variation in their neurosis by analysis is answered by a corresponding movement in the mental life of these others, i.e. in the collective neurosis. It is true that sometimes analytic treatment of the individual as an out-patient has succeeded in effecting the psychic cure of a whole circle of people. But more often in the cases which I have known I have observed a ' negative-therapeutic result ' in the other people (those associated with the patient). This was their reaction to the processes of cure at work in him, whilst he was coming for treatment. On account of their exaggerated sense of guilt or complicity in guilt there is nothing which relations will not do to hinder, on every conceivable and inconceivable pretext, the psycho-analysis of a member of the family who is ill. For, in reality, they dread his recovery.

It was probably these life-long associates whom Freud had in mind when he said : ' As regards the treatment of the relatives I must confess I am at my wits' end '. *To-day* our answer to the problem must be that patients of the type I have in mind must be analysed in a psycho-analytic sanatorium. For a long period the analysis must be conducted in more or less strict isolation or at least under medical regulation of their relations to their fellow-men. In order to control the psycho-analytic treatment of such patients what is wanted is a system of psychic dietetics.

For long no one was prepared to found a true psycho-analytic sanatorium. The reason lay not only in external considerations. I know that it seemed that there were theoretical arguments also against it, involved in the principles of psycho-analysis itself. In the light of our experience of sanatorium treatment up to the present time there was good reason for fearing harmful results from the atmosphere produced by a large number of nervous people living together, that is, by a community of neurotics with their various symptoms of anxiety, depression, obsessive ceremonials, etc. What physician who had his patients' welfare at heart would be willing to commit a woman

suffering from severe anxiety-hysteria with tormenting conversion-symptoms to surroundings where obsessional neurotics with their 'taboos' might be perpetually washing, hypochondriacs philosophizing at table about the quality of their nasal mucus and persons in depressive conditions would be envying others their symptoms and daily proclaiming in audible tones their wish to die ?

But the specifically analytical contra-indications seemed even more weighty. How were we to control in such in-patient treatment the important factors in the psycho-analytic process : transference, resistance and the compulsion to repetition ? These things demand the utmost reserve in our attitude to our patients. They should know as little as possible about us and our doings outside the analytic hour. We ought to see the transference developing gradually, both in its positive and negative form, to allow the patient to enjoy it only in small quantities and to force him as much as possible to *recollect* the material and not to translate it into action. But in the clinic the patient lives in close proximity to the physician, he knows the other people who are being analysed and is affected by the variations not only in his own analysis but in the analyses of his fellow-patients. And, lastly, here is possibly the most important argument against treatment in such a clinic.—Since neurotic symptoms represent a compromise, our procedure as analysts must be directed *against* the pleasure-principle. Ultimately the matter resolves itself into a struggle with the patient's super-ego, that super-ego which achieves the adaptation of the ego to reality only at the price of the infantile pleasure fostered in the symptom. In the analytic situation we are the advocates of reality. In every analytic hour, taking as our starting-point 'the superficies of the moment' we defend the demands of the objective reality of the *present* against the claims of the psychic reality of the *past*. Thus, step by step, with each single sacrifice of infantile gratification the patient attains a higher degree of activity, which enables him to mould afresh and in a form true to reality his present love-life and professional work. But in the sanatorium the most important antithesis to his neurosis—reality—is wholly removed from him. Does this mean that analysis will not be able to fulfil its most vital function : that of inducing adaptation to reality ?

If this were really so, *in-patient* treatment would indeed be a complete failure and we should be forced to despair of the recovery of our severe cases. Neurotics would be denied the latest possibilities

of cure, which all other branches of medicine, with their constantly improving *clinical* methods, can offer in their special fields.

Happily, this is not the case. Leaving aside for the moment the question of whether life within the walls of a psycho-analytical clinic may not simply represent to neurotics a *buen retiro*, I am certain that I can hold my ground against the principal objection, the accusation that the clinic *deprives* patients of the claims of reality. For one cannot take from a man what he himself has long ago voluntarily resigned : life in a *real* present. What then is the actual relation to reality which we observe in our serious cases ? I think I have demonstrated that they are only apparently in contact with reality : actually their reality is a pseudo-reality. How can one say that the victim of advanced morbid cravings is still adapted to reality when at any moment he may lose touch with it because he misses the centigramme of morphia or the cigarettes to which he has become accustomed ? And what do we see in the other typical neurotics whom we are considering ? Their neuroses have long passed beyond the bounds of their own personalities and submerged to a greater or lesser degree those with whom they are associated. The super-ego has utterly capitulated to the instinctual claims of the id and the mechanism of projection has transformed almost all the objects belonging to present reality into figures of the *past*, *psychic* reality. For, in its twofold fight against its environment, on the one hand, and against the symptom, on the other, the ego has retrogressively placed the symptom itself at the service of hostile object-relations. The process which formerly betokened a tendency to spontaneous recovery—namely, the development of symptoms, inhibitions or anxieties in order that the ego may be kept strong enough for the purposes of reality—has here gone too far and led to the very opposite : to a deficient personality.

The woman whose phobia prevents her being in the open air and pursues her in rooms and conveyances, who dares not either be with a large number of people or alone, who has a dread of knives, a dread of swallowing and inhibitions of vision, who, in short, can exist only if her husband is beside her—for such a woman the whole of life is taboo because it contains hordes of unknown powers belonging to her infantile sexuality, and her husband is, of course, in no sense the partner of her marriage and her sexual life but an imago produced by condensation of her father, mother, brothers and sisters. The victim of grave hysteria, who at night almost dies of anxiety (or heart-trouble and intestinal disturbances) when she occupies a room with her husband,

yet in the morning bursts into inconsolable weeping when he leaves her, who day after day entirely neglects her household and is too much ashamed to receive visitors—this woman is married to her husband only in seeming, but in reality to her father, who, when she was a child, at the time of the Œdipus conflict, terrified and at the same time sexually excited her by manifest sexual behaviour. The obsessional neurotic, who is forced day and night to perform innumerable rituals, ranging from simply washing his hands to the most complicated modes of expiation, who constantly proffers his pockets to be searched, in the dread that they may contain the most minute, invisible shreds of paper—this man is wholly immured in a psychic reality, which signifies, amongst other things, the dread of suspicious spots which would betray onanism, that onanism which originated through his participating in the primal scene and was punished in the usual way. This patient's ritual was most ostentatious, as was discovered by clinical observation, the object of it being to interrupt others when they were together. The gambler and spendthrift who, because of the enormous force of the compulsion to opposition, threatens to rob his father of his honour, his mode of existence and his very life, is not really at feud with the father of the present time, but is in the midst of the castration-conflict with the Laios of his own past. The patient suffering from depression who, in low spirits and crushed by the sense of guilt, continually proves incapable when set to work in his father's manufactory, is only apparently carrying on his daily life with his father at the same works and with the same machines. In reality he is weighed down by heavy feelings of guilt and inadequacy, originating in the Œdipus period, when he desired to beget children by the same woman as his father (i.e. by his mother) and came to grief tragically in this aim.

In most of the patients suffering from serious neuroses of this sort it seems as though it were not the so-called *secondary* frustration which released the mechanism of regression and so produced neurosis, but rather as though they foundered on the repetition of the *primary* frustration. Under the influence of the compulsion to repetition and the craving for transference their choice of the partner of their life or love, or their selection of a profession, was already neurotic, i.e. it had been made in conformity with an infantile prototype. But the substitute-gratifications thus attempted were bound to produce a situation which, because of the guilt inherent in it, impelled the subject to seek for a solution outside it and thrust him into neurosis. The sole function of the super-ego which then persists is the reality-test, in the

form of the patient's insight into his illness, but even this represents a compromise with the id. For insight into one's illness saves one from the sense of guilt. How far such insight, as the most fundamental form of the relation to reality, can be actively influenced by a special, clinical psycho-analysis, how far it may hinder or help our treatment and what possibility there is of inducing insight where it does not exist—these are problems which call for a separate investigation. This will have to base its findings especially on research into that large group of diseases whose victims to-day fill psychiatric clinics, but remain without treatment through the physicians' lack of ætiological, i.e. psycho-analytical, knowledge. These are the paraphrenics, especially in the early or prodromal stages of their illness.

Already in the Tegel Clinic we are very often indeed asked to undertake the psycho-analytic treatment of pronounced psychoses. For the moment we have had to content ourselves with taking cases of schizophrenia and paranoia, in which the disease was in its early stages and the patients had retained considerable contact with the object-world. To judge by my somewhat meagre experience so far, I think that the psycho-analytic clinic gives us the first real opportunity for scientific observation and therapeutic treatment of paraphrenia *at the beginning* or just *before the outbreak* of the symptoms proper. Hitherto, all we physicians have seen of these psychoses has been a clinical picture already made worse or distorted by a period of residence in an institution, with its traumatic effects of longer or shorter duration. Thus, the clinic will have to devote its work very largely to the prophylaxis of psychosis. Of course we shall not really do our duty as analysts to the paraphrenic patients until we are able to add special quarters for them to the clinic. This we hope to do before long.

Let us now return to the starting-point of this discussion. Our object was to prove that, when a patient suffering from a severe neurosis is placed in a psycho-analytic sanatorium, no fundamental change is really made in his relations to reality. The clinic does not in any way deprive him of reality, as we have seen. But, as I realized from the outset, it must offer him a *new* reality, differently constituted from the old. Thus we shall guard against the danger of the speedy coming to nought of analysis. Through the organization of its work—through the life *intra muros*—the clinic must provide the patient as it were with a prothesis, a crutch, until he can once more go on his feet *extra muros*, i.e. until he has attained a capacity for existence and enjoyment.

One of the first important factors in making the analysis fruitful is

the isolating of the patient from his former environment. Freud has told us that the only chance of success for the treatment lies in its being carried through, as far as possible, 'in a state of frustration' ['*im Stadium der Versagung*']. That is to say, it must be directed against the pleasure-principle and, as the patient's unconscious instinctual demands are revealed, it must deprive him simultaneously of the enjoyment of a primary and secondary gain through illness. At one blow, by the removal of the former objects, we have struck from his hand the plaything of his psychic reality and at the same time have made it impossible for him to gratify the strong sadistic-destructive impulses which from the side of the ego are pressing for fulfilment in the relation of the symptoms to the outside world. The people he now finds about him are invested with a neutral feeling-tone: even unconsciously he cannot hate them at the outset. There are physicians ready to help him, kindly attendants, male and female, good food, artistic rooms and beautiful country surroundings. Moreover, to avoid mobilizing unconscious resistances too soon, I lay no stress on beginning strict psycho-analytic treatment during the patient's first days in the clinic. I give him a few days to become accustomed to it and to enjoy the quiet atmosphere with its absence of conflict, before the work of the transference makes itself felt. I think it is essential in this way to create first of all a positive attachment to the institution as such, to the *genius loci*, so that the patient may be thus secure of a firm foundation and framework when, later, through the play of the transference, the fellow-players all seem to become uncertain.

In contrast to what happens with visiting patients we thus are able at the sanatorium to prepare patients for analysis who at first, encased in resistance, will not hear of any such treatment. Innocent walks in the park with the analyst, the making acquaintance in a natural way with other patients in whom the transference is sufficiently established for their analysis to be making good progress—these are devices which serve at times as a transition to the real psycho-analytic situation, especially with those who at first dissimulate their illness or swear by a diametrically opposite method. Thus we apparently do not begin the treatment until the patient is willing: in reality it begins from the moment when he first sets foot in the clinic. The friendliness and helpful kindness with which he is surrounded are not simply an act of humanity: they are enjoined by the psycho-analytical mode of thinking and the wisdom which analysis has taught us. For neither in its structure nor its organization must the clinic afford the patient

an opportunity for neutralizing his sense of guilt whether this be already present in his mind or in process of becoming manifest. Though within the walls of the clinic he is removed from ordinary life, yet there must be in his surroundings no suggestion of the prison or the cloister which may help to dull his feelings of guilt by the idea of punishment or expiation. Very early, and again in definite phases of the subsequent treatment, the patients in unconsciously regressive phantasy repeatedly identify the *buen retiro* of the sanatorium with the intrauterine situation. This is shewn clearly in their general attitude and their dream-life. I shall have more to say presently about the importance of this factor.

In any case, the psycho-analytic situation in the sanatorium is subject to a special law. For in it the patient's psychic attitude to life outside is reflected with considerable faithfulness during his life inside. Outside, his illness was not confined within the limits of his own personality: other people's lives were engulfed in it, those lives which reproduced the family-circle of his childhood. Similarly, the psycho-analytic situation inside the clinic is not restricted to the relations between analysand and analyst: it includes the *whole* clinic as a kind of extension of the analyst's personality or as the archetype of the family in general. The matron and attendants represent the mother, the physicians the father, the fellow-patients (and sometimes the nurses too) stand for the brothers and sisters, and so we have the phantom-world which serves to set the neurotic process again in motion.

The problem of finding suitable attendants for a psycho-analytic clinic is obviously peculiarly difficult and demands the unwearied attention of the analyst. Every morning the physicians and the nursing staff meet in the consulting-room. The sisters and attendants tell what they have noticed about their patients outside the analytic sessions of the previous day. The analysts then give directions for the coming day. The attendants are continually given explanations both of the general principles of psycho-analysis and of the special transference-situation of the individual patients. We insist that, while being as tactful as possible, they must not give in to the patients, but must refer them again and again to the physician who is treating them and must themselves refuse to take any personal offence. The attendants' observations as well as those which we ourselves are able to make of the patients' behaviour outside analysis, by night and day, are brought into the analysis itself when the right moment comes. It is true that this is contrary to customary analytic procedure, but, as I said, a

psycho-analytic clinic has its own law. For on his side the patient has the opportunity day and night to act out his psychic situation in his relation to the ' extension ' of the analyst, for to the unconscious the latter may lurk in every nurse and servant. So he in his turn must be prepared for all his doings reaching the ears of the analyst himself. The nursing-staff has to act as an extra sense-organ for the analyst.

This is specially important, because in the sanatorium the analysand is far more inclined than the visiting patient to the translation of mental reactions into behaviour and to catharsis in his resistance to the transference proper. With us he is particularly prone to rid himself of the conflict of ambivalency by putting himself on friendly terms with the analyst in order to escape castration-anxiety. That is to say, he uses the analyst for the gratification of tender impulses only : the hostile impulses he satisfies in his relations with the *personnel* and inanimate objects of the clinic. Our patients' constant endeavours to draw *others* into the magic circle of their neurosis must be unmasked, while still *in statu nascendi*, and revealed as part of the transference, and then, by active regulation of the subject's *milieu*, they must be focussed on the analyst himself.

Love-affairs between the different patients—notorious as these affairs are in other sanatoria and thought to be a special danger in a psycho-analytic clinic—simply do not exist with us, because they can be recognized while still in the bud and then be dissipated by analysis. We know how often in their flight from the transference persons having out-patient analytic treatment weave into their disappointment and their dangers *actual* love-conflicts, which are the workings of resistance and, as a pseudo-cure, are wholly worthless, for the quantities of libido engaged in them really are intended for the analyst only. In the clinic such activities are vetoed at the outset, and sometimes the other party concerned is also informed of the veto. Of course, the true transference to the analyst is experienced by the in-patient much more intensely than by the out-patient, because every outlet to the people with whom the subject is associated may be systematically barred. This makes it more difficult to treat hysterics, who endeavour all day long to pursue their transference-experiences, but easier to analyse patients such as those suffering from narcissistic neuroses, in whom it is hard to bring about the transference.

Thus the *principle* of analytic procedure is adhered to no less steadfastly in the clinic than outside it : the treatment is directed *against* the pleasure-principle, that is, in the strictest sense of Freud's injunc-

tion, against all infantile pleasure which has its source in substitute-gratifications. Real pleasure in life, however, we do not interfere with, for we have to guard against unconscious expiation for guilt.

You will understand that in this way we can make the treatment more intensive, for in these conditions the neurotic conflict takes on an actual form and the process of repression is again set in motion, more readily than in treatment outside a clinic. In a relatively short time we can observe the Œdipus conflict *in nuce*, together with its fore-runners and its derivatives. For when all avenues of evasion and escape are cut off the patient soon finds himself in the midst of that primary, infantile reality where he originally came to grief. But the attempt which the neurotic has hitherto made to extend his illness in concentric circles beyond the bounds of his own personality is now countered. The neurosis is confined in ever-narrowing concentric circles within the 'infantile' *milieu* of the clinic until by a logical process it is restricted to the relations between analyst and analysand.

The intensifying of the psycho-analysis is greatly assisted by our opportunities for drawing into the sphere of the treatment those manifestations of the unconscious which occur outside the psycho-analytic situation. In the sanatorium this is part of our duty. For here we have a much higher degree of responsibility for the general situation of our patients than when we are treating them outside the clinic. The illness of our neurotics is more perilous and the danger of suicide is, in general, more serious. At the same time we have of course to aim at employing as little as possible such exterior means as direct observation and segregation. For the safe-keeping of the patients entrusted to our care we, as analysts, must rely principally upon the inner restraint which results from psycho-analytic treatment: the bonds of the transference. Hence, as one analysand put it, we surround our patients in their jeopardy simply with a 'magic chalk-circle' which derives its spell from the influence of the transference. Our aim is to produce in our patients responsibility for themselves. In the process of identification the super-ego is forced to pay its due to reality—an impost which it would otherwise try to lay upon the physician.

Of course we must pay careful attention to any indications of danger of which the staff informs us and must utilize them psycho-analytically, that is, in their unconscious ramifications. For instance, a suicidal patient, who was always brooding, complained to his nurse that, in addition to everything else, he had now lost his memory. Indeed, he said, he could hardly remember anything of a delightful

visit to a watering-place, which he and his wife had made only a few months ago. In particular the name of a place on the Baltic coast—a name which every child knew—entirely escaped him. We discussed this parapraxis which occurred so ostentatiously outside the analytic hour, and the discussion brought to light in analysis the most important unconscious motive in his *present* suicidal impulse. It appeared that, while they were in this watering-place, his wife contracted a fever. The feverish disturbance of her consciousness lit up for her her husband's unconscious, and she cried out excitedly : ' You would like me to die on the spot ! ' This sudden and glaring revelation of an unconscious wish which he actually did entertain had increased his sense of guilt to such a pitch that he felt he ought as soon as possible really to carry out upon himself the murder which he had conceived in unconscious phantasy.

We must cause to pass before us in analysis not only the patient's parapraxes, but, as far as possible, all the symbolic and symptomatic actions and the substitute-gratifications which occur in his relations with the environment in the clinic. On the other hand, a prohibition or command, issued at the right moment, must as far as possible discourage expression by action and substitute analysis for it. One must not be too sparing in the use of active therapy of this sort in a sanatorium, for its *milieu* provides so many possibilities of infantile gratification when the transference is sufficiently established.

For instance, a member of the staff informs us that one patient has a remarkable increase of appetite. A strict rationing of his food soon brings to light his oral predatory desires for my possessions (money, penis). Another patient tries in fun to eat his neighbour's pudding at table. His opponent in the game reacts (also in fun) by making the matron, whom he has long ago christened ' Mama ' when at table, put the pudding into his mouth with a spoon. Analysis brings to light envy of younger brothers and sisters for their access to the mother's breast. Yet another patient does not get up till 12 o'clock for days at a time and persistently goes without breakfast and luncheon. His attendant at the same time reports that this patient's sheet is noticeably soiled with sperma. The hour for his analysis is now fixed at half-past seven in the morning, whereupon it becomes clear that the situation proceeds from onanism as a protest against the primal scene when, as a child, he used to be fetched out of bed at night (just as now he is fetched for the analysis) and despatched into a neighbouring room. Further, we found out that on these occasions the patient used

to take the soiled bed-linen with him and that his mother's initials were embroidered on it.

In the case of a certain dipsomaniac one was struck by the extraordinarily blissful, hypomanic mood with which he responded to the abstinence imposed on him. This seeming success collapsed immediately when the particular form of therapeutic occupation which he himself had selected was denied him. He had got the gardener to give him the job of lopping branches, and he pursued this occupation with Berserk fury. When forbidden to go on with it, he reacted in the next analytic hour with a frantic outcry : ' Someone will suffer for it. I could eat mattresses ! ' From that time on he began to suffer, as he had in the past, from the withholding of his alcohol. His state of depression and anxiety then brought about in him once more insight into his illness. This insight took the place of the sense of guilt and dread of castration, the products of the unbounded, unappeasable oral-sadistic demands of his libido. Now how was that self-induced, hypomanic condition of non-alcoholic intoxication brought about ? In the past he had used alcohol to render his ego insensible to the simultaneous demands of the super-ego and the id. Similarly he discovered in cutting off branches a substitute-gratification for the id of a kind which seemed at the same time likely to be useful and acceptable to his newly chosen super-ego, i.e. to me. Taking refuge in evasion, he found relief from the tension between ego and super-ego (the analyst) in ' social ' work, that is, in work done for me. Thus he induced in himself the state of hypomania or intoxication which otherwise only alcohol had had the power to bring about. The next advance in the treatment was made when depression, anxiety and the sense of guilt made their appearance immediately *after* he had taken alcohol, for this shewed that in prohibiting the indulgence his super-ego, having drawn strength from me, was now forced itself to resume the function of threatening castration or rejecting the instinctual impulse.

At this point I should like to say a few words about the sanatorium treatment of morbid cravings in general—a form of disease which constitutes a very large part of our field of work. We have proved in the clinic that there is no special value in allowing patients to struggle alone for a very long time in their efforts to abstain. For in this very struggle lurks an element of pleasure—namely, the pleasure of repeating the battle which took place when the patient was trying to give up his infantile onanism.

The methods of ' weaning ' adopted by such patients reveal them-

selves as a defensive ritual, which, like that of the obsessional neurotic, contains possibilities of autoerotic pleasure. For instance, the patient may defer the hypodermic injection in order to enjoy the *craving* for the syringe or the masochistic torment of abstinence.

In patients with morbid cravings, as in obsessional neurotics, onanism has succumbed to the threat of castration, and the subject is compelled to regress to pregenital positions of the libido. These have a characteristic cathexis of dread of loss (removal of anal excrement, loss of the mother's breast). The *form* of the craving is determined by the phantasies which accompany it in consciousness or remain in a state of repression. Having an injection corresponds to an anal-masochistic and drinking to an oral-sadistic phantasy. But the 'weaning' process represents a mixture of the processes of giving up onanism, learning habits of cleanliness and weaning from the breast. Ultimately the person whom the toxin poisons in these patients is the person from whom the threat of castration emanates, i.e. in the deepest stratum the introjected object longed for yet hated: the mother, the great castrator of the past on the anal and oral levels.

I will not at the moment enter on a detailed account of the observations we have so far been able to make in the clinic with regard to the pathogenesis of morbid cravings. But as regards their special clinical therapy I will just say here that these observations have shewn me that such patients suffer at bottom from a narcissistic neurosis which they try to ward off by means of the mechanisms of obsessional neurosis. The victim of a craving is a melancholic who makes his guardian super-ego drunk with the poison with which he murders the object in the ego. To outward seeming, however, he is in a state of mania so long as he is indulging in the poison. For a super-ego paralyzed by a toxin (temporarily castrated) ceases to make any demands: it is no longer able to mediate in the interests of self-preservation, between external and internal (psychic) reality.

It is only to be expected that the treatment itself is fraught with the greatest danger to this class of patient—persons who destroy themselves with a double purpose: in self-punishment and in the sadistic gratification of a murderous impulse. In the psycho-analytic clinic, however, we are better able to counter their suicidal tendencies than when we are treating them as out-patients. Our way of protecting them is not so much by careful supervision as by making use of the opportunity which I have already indicated. I mean that in the transference we afford them a possibility of translating into objective

reality (for the time being) the destructive tendency directed against ourselves. That is to say, while the treatment is in its perilous phases I agree to the patients going through a stage of killing, devouring or castrating us *in effigie*. At such times I allow them to have the double or treble amount of food which they demand, I let them cut off branches if they want to do so, and I do not reproach them if, when they are in this mental situation, they smash a coffee-service to atoms. Of course the ' destructive object-relation ' thus established must not be retained : it must be analytically resolved and shewn for what it is—the cathartic relief of tension between ego and super-ego, projected on to the physician.

Thus in the sanatorium we can arrive nearer to the solution of a special therapeutic problem about which we cudgel our brains in ordinary psycho-analytic treatment of the victims of morbid cravings. For, as we see, the peculiar psycho-analytic situation in the clinic enables us to provide the patient with transitory substitute-gratifications in order to help him to renounce his symptom. In ordinary treatment the greatest resistance to our carrying-through the cure arises over the question of the manifest gratification derived from the indulgence in intoxicants. Here again, I think that the clinic can provide a suitable substitute, so that there may be the necessary economic compensation.

When we consider that the patient has been sufficiently prepared by analysis to pass on to being treated in a state of complete deprivation of the drug, we order him to stay in bed for a time. A special nurse is assigned to him, whose only charge he is and who is at hand day and night encouraging him and looking after his diet and personal comfort.[2] All the violent manifestations resulting from his abstinence (exaltation, anxiety or depression) are met as far as possible with psycho-analytical help only, i.e. with regular treatment or analytic talks, if necessary several times a day and even in the night. By this change in the psycho-analytic situation the patient's unconscious receives the uttermost fulfilment of his deepest longing, in spite of the torments which he suffers consciously. For the secret of the ultimate unconscious gratification which the victim of morbid craving desires is this : to be quite a little child again, to lie in bed and be allowed to

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[2] I make use of this phase for the bodily welfare also of the patient. (Baths and the drinking of waters to cleanse the system of toxins ; feeding-up and so forth.)

have a kind mother tending and feeding him, a mother whom the father yields to him and who is always there when anxiety seizes him. We *create* the situation of having the mother once more close at hand. This situation in its turn is inevitably transformed back into the analytic situation, for, as the treatment progresses, the infantile phase spontaneously disappears.

It is not within the scope of this paper to tell you of various other therapeutic possibilities which we have already tested in the clinic by utilizing for the purposes of psycho-analysis similar (economic) compensatory situations (mother and child : nurse and patient). They are especially valuable in the treatment of certain schizophrenics. I must, however, say a few words about the important part played in this type of analysis by the sanatorium itself as a symbol of the mother's womb. As I said before, patients are specially ready to identify their life in the clinic, protected as they are by analysis from reality, with the hidden intrauterine existence. They do this not only at the beginning, when the sanatorium takes them into its sheltering arms out of their neurotic misery in the outside world. They very often make the same identification, as a transitory symptom, in certain phases of the treatment, but *never* at the end, as Rank thought he could observe. On the contrary, the appearance of phantasies of the mother's womb always indicates to us in the clinic that the patient is just at this time endeavouring to avoid having to make an advance in the treatment or possibly to evade final psycho-analytical cure.

The inclination to such phantasies and to devices for expressing in action the intrauterine situation occur always when the analysis is approaching the castration-complex by way of the transference. The ego then tries to employ the intrapsychic mechanism of flight by regression to reproduce the blissful situation at the beginning of life, when anxiety had *not yet* set in or *no longer* troubled it. At such times the patients want to be treated ' just like at the beginning ' ; they would prefer to break off analysis for a time, and they demand baths (symbol of the uterus), hypnotics, wander to the nurse's room at night or call her ' to make a light ', and so on. Some of them begin to suffer from unbearable headaches : ' as if the skull was being pressed together '. Above all, they want medicines, to be soothed *per os*. In extreme cases they feel powerless to get out of bed. In treating our patients in the clinic we can take into consideration the *quantitative* factor in their powers of endurance, and in certain cases we must be prepared to hold back the analysis, especially too as we want to avoid

transitory organic illnesses which I have sometimes observed to result from a (negative) transference-resistance. For instance, we may decide that on certain days there shall be no analysis, or we may comply with the patient's wish for medical ' prescriptions ', but in the full consciousness that we are offering in a carefully graduated form gifts which play their part in the transference and will have to be taken back again later in the analysis. Our technique at such a time must be guided solely by our endeavour to keep the patient to the form of flight which he has himself for the moment selected: intrapsychic regression, *static* flight, which we can control by analysis, and to prevent his having resort to the most primitive mode of self-defence: *motor* flight, by which he would escape from the treatment and the house itself.

In one particular case I had very drastic experience of this special form of resistance—birth-anxiety being employed as a substitute or a disguise for castration-anxiety. When the analysis reached his passive-feminine attitude to the father and his desire to bear him a child, this patient (a young man) evoked from the transference a tremendous dread of castration. Before my very eyes this dread was converted into birth-anxiety. He regressed from giving birth to being born. In the analytic hour he refused to lie down, perpetually railed against the *house*, in which, he said, no reasonable human being could be expected to stay, for the ceilings were falling down on one's head, one could not draw a single free breath and the atmosphere was always stifling: he could not and would not do any more thinking. For nine months (!) he had stuck in this box (!) and now he had only one impulse—to get out, out, out! Not till he could ' get his head through the wall ' would he be really outside and feel like a human being again.

The *genius loci* of the psycho-analytic clinic, the house which takes into its protection and care sick people in their torment, which binds their anxiety but also inevitably stirs it up again at times, is, as you see, the symbol for the *mother* herself. And here I have come back to the starting-point of our survey of the psycho-analytical work in the sanatorium.

The patient who outside in the world foundered on reality, because he made excessive unconscious-infantile demands upon it, finds, as I have tried to demonstrate, *all* the component parts of this infantile phantasy-world reflected within the walls of the psycho-analytic clinic. Here, to some extent in relation to a phantom-world, he can once more run the whole gamut of his original childish efforts to master or

to evade his conflicts, but he does so under the corrective influence of analysis. He passes, as it were, from his mother's womb to the oral and anal-sadistic phases, then learns to subordinate these destructive instincts to the genital impulses; next he attains to genital renunciation and the resolving of the incestuous-sexual cathexis of these impulses in the identification which ends in the reconstitution of his super-ego.

One thing was clear to me from the outset: this affect-laden *milieu* of transference (' the feeling of an enchanted mountain ' [*Zauber bergatmosphäre*], as patients sometimes say), in addition to all that can be done by analysis in the way of correction, must have another effective outlet, and to secure this we are most careful to retain existing relations between the patients and the real outside world. On the one hand we often have to take strict measures to cut a particular patient off (by forbidding letters, telephone-calls and visits), but on the other we frequently insist, in certain stages of the treatment, on his returning for days or weeks at a time to his family or his work. But the very last part of the analysis is always conducted on the visiting system, in order that we may make sure of the adaptation to reality which has been achieved.

I try also to secure a certain measure of adaptation to the norm in the *milieu* of the clinic itself—enough to meet the requirements of social relations. In this respect reality demands just the same inside as outside the clinic, namely, that the individual should fall into line with and subordinate himself to the principle of life as a member of a community.

The way in which I try to bring this about is as follows. Any patient who through the severity or offensive nature of his illness is at first specially conspicuous and requires the consideration or the help of others is banished to his room, as in any other home for serious cases. The common sitting-rooms, which provide a stimulus and a change, count as *exterritorium intra muros* and may be entered only by those who are sufficiently recovered for their illness not to be noticeable to others. Thus, if a patient desires to associate with other people, he must either be very much better than when he first came or for the sake of the others he must be able to control his moods, suppress his obsessional ceremonials and so on—in short, to restrain temporarily his asocial and antisocial impulses. This is a piece of self-discipline which I impose on the patients partly as a highly necessary measure to keep the atmosphere of the clinic wholesome and partly in order to deepen the work of the analysis.

Patients do not have an easy time while they are under treatment in a psycho-analytic sanatorium. They do not go there to lead a life of sybaritic luxury whilst nursing their symptoms, and they miss with us just what attracts them in other sanatoria. No comforting encouragement from sentimental nurses or physicians helps them to deceive themselves. They are not allowed to make their consciousness insensible to derivatives of the unconscious by means of bromide and luminal. And often we have to deny them even the refuge of drugs to induce sleep.

The psycho-analytic treatment in the clinic is bound to be severe, though only in so far as to present an effective opposition to the severity of our patients' unconscious impulses. Everything—all his difficulties great and small—must compel the neurotic to seek one form of help only, that of psycho-analytic treatment. This takes place for good reasons in an ' intramural *exterritorium* ', a separate part of the building devoted to the purpose.

In conclusion I will express my hope that from the beginnings of to-day there may be evolved further systematic psycho-therapeutic sanatoria. In psycho-analysis Freud has put into our hands a precious weapon, which such a system as I have in mind would enable us to use more widely and generally than is now possible for the relief of those patients whose extremity is greatest and who hitherto have been condemned to death in life.

SHORTER COMMUNICATIONS

THE 'SCREENING' FUNCTION OF TRAUMATIC MEMORIES

Commenting recently on the technical aspect of screen-memories, I had occasion to point out that actual memories of traumatic events happening in childhood should be carefully scrutinized, on the ground that they are well adapted to the defensive purpose of covering repressed material. The ordinary screen-memory can scarcely avoid arousing analytical suspicion because the nature of the memory image does not account for its persistence over a number of years or for its frequent repetition during the earlier stages of analysis. When, however, the memory image is in itself of a sufficiently traumatic nature there is some possibility that its credentials may be too easily accepted at their face value. The following example illustrates with some precision this screening function of infantile traumatic memories.

The case was one of severe and protracted impotence. The early stages of analysis were characterized by profound amnesia covering the events of early childhood and extending well into the latency period. As is to be expected, the great majority of memories which had persisted from these periods were typical screen-memories: they referred to seemingly insignificant events and unimportant places, but it was possible in most instances to uncover a more elaborate and emotional substratum. A few emotionally tinged events were recalled, mainly scenes of domestic conflict and correction, e.g. quarrels with a sister, correction by his mother, etc., but they were very few and far between. Some details of illnesses in boyhood were remembered, but there was no special affect during their recital. One of these seemed to be a little more significant from the analytic point of view in that it had occurred in earlier childhood. It was a memory of having his hand burned on a domestic stove.

At the time, however, the patient paid no special attention to this 'burn' memory, and his analysis continued its ordinary course. It was marked by phases of intense resistance. He gave a somewhat grudging intellectual assent to any explanation of the infantile nature and exciting cause of these resistances and his progress was extremely slow. Gradually some infantile phobias were uncovered and this led inevitably to the interpretation of his castration-anxiety. Several months had passed before it transpired that he had been circumcised in childhood. Some comment was made on the importance of this

historical fact, together with the significance of its omission from his historical material. This elicited the reply that, so far as he knew, the circumcision had been performed in early infancy, in all probability within a few months of birth. It had not occurred to him to mention the fact because it did not appear to be of any consequence ; it was a natural hygienic operation, etc., etc. His system of rationalization was watertight.

Within a few days the situation had altered considerably. Stimulated, no doubt, by this earlier passage, the patient of his own accord instituted some inquiries and learned indirectly from his mother that the circumcision had actually taken place when he was between the ages of three and a half to four years. The immediate result was to induce an altered attitude to the subject of infantile amnesia. The patient was startled into dragging his infantile years for further recoveries, but, as is not surprising, with little result. In particular he was unable to recall anything at all about the circumcision, in spite of the fact that he could remember quite clearly some events which took place prior to the alleged date of the operation.

Again the analysis resumed its course, the resistances against castration images being, if anything, a little more pronounced. The second discovery was made a month or so later, when the patient had an opportunity of going into the matter with his mother in person. The facts elicited were as follows. During his infancy his mother was from time to time advised on matters of child hygiene by a medical practitioner who was a close relative of her own. He seems to have had a mania for performing the operation of circumcision, and very few children who came within his ken escaped this fate. His own children were circumcised. In spite of the fact that our patient's prepuce and glans were normal in every respect, this surgeon never failed to impress on the patient's mother the inestimable advantages to be obtained from circumcision. There were evidently good psychological reasons for this vicarious sacrifice on his part, but, except in so far as these contributed to a somewhat intimidating personality and thereby increased the child's apprehensions concerning this father substitute, they need not concern us. He seems to have been a man of sombre disposition, with a heavy, overbearing manner, and the patient as a child was not slow to accept the uneasy valuation of his possibilities current amongst his holiday playmates, the doctor's own children. On the occasion of a particular holiday visit the mother's scruples were finally overcome, and she consented to have the circum-

cision performed on her child. The final step in gaining her consent took the form of visiting the nursery. The patient was wakened out of his sleep by having the bedclothes abruptly pulled away : he woke up to find the sinister figure of the doctor leaning over the bed. His penis was unceremoniously seized by the surgeon's left hand, with the right the motion of cutting was imitated and the mother, who stood on the opposite side of the bed, was asked to note how simple a matter it was to cut off the foreskin, or words to that effect. She was rather concerned at the whole performance, and observed that her son shewed signs of panic, but she did not interfere with the demonstration. On the following morning the circumcision was performed. The technique must have been rather crude, because the process of healing was delayed. The wound had to be dressed daily, and each dressing aroused agonized anticipations and was followed by wailing protestation. One protestation in particular took the form of a reproach directed at his mother. The day after the operation he is said to have cried out to his mother, ' Why did you let him cut it off ? ' After a week's dressings the wound began to heal by granulation, and there is no exact record of its subsequent course. There was, however, no doubt in the mother's mind that the experience was an agonizing one for the child, and she regretted her decision for a long time afterwards.

Shorn of a certain amount of elaboration, the main facts were as given above, but, in spite of the most circumstantial detail, the patient was still unable to remember one iota of the whole affair. He added the following important comment : ' It surprises me very much that I cannot remember at all about my circumcision, because I can remember very well something that happened at the very same visit : *it was during that visit that I burned my hand on the stove. I remember the whole thing perfectly, and that I had to have my hand dressed for some days'*. He was certain that there could be no mistake. They had only once visited that particular house, a fact which the mother confirmed.

The possibility had still to be considered that the whole burn story was a substitution, and on this point it was hard to obtain absolutely convincing evidence. The patient could not remember whether the burn took place before or after the circumcision, although, judging from the duration of stay and the period of circumcision dressing, it seems likely that it occurred before the operation. The mother's testimony was not very satisfactory, because in the first instance she could not remember the burn and was mainly concerned with the circum-

cision. On the other hand, the patient was able to recall many incidents relating to the same visit, including games and conversations with the sons of the house : his recollection of the circumstances of the burned hand, the occasion of the accident, its cause, the stove, the dressings, and of many other confirmatory details was unshakable. The amnesia for the circumcision, however, remained for the time being complete.

Edward Glover, London.

A NOTE ON THE CHILDISH THEORY OF COITUS A TERGO

It has been generally observed that when, in the course of an analysis, the primal scene is recalled, the coitus supposedly seen by the child has been a tergo: Indeed, we find this idea so constantly that Freud has been inclined to believe that the entire observation of parental coitus has frequently merely been phantasied by the child.[1] Certainly the practice of coitus a tergo is less common than the idea of it in our patients' minds.[2] Its consistent appearance in the analytic material of childhood serves to falsify the remaining material, in the sense of making it seem phantasy rather than fact.

The following question presents itself : When a patient, remembering or reconstructing the primal scene, describes the parents in a coitus a tergo, are we dealing with phantasy or actual observation, or with a combination of the two, a falsification of actually-observed facts by superimposed phantasy ? Therapeutically the matter is of slight importance ; we know that in their results little difference is to be noted between fact and phantasy. Nevertheless the primal scene and its consequences form a cornerstone of the psychic structure of childhood and should as such be known to us in every detail.

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[1] Freud, 'General Introductory Lectures'.

[2] Undoubtedly in the families of compulsion-neurotics, with their strong anal constitution, coitus a tergo is a common practice. It will be remembered from Freud's 'History of an Infantile Neurosis' (*Collected Papers*, Vol. III, p. 473) that the Wolfman saw a coitus of this nature between his parents. In part this early observation, in part the predominantly anal nature of the patient himself, resulted in making this his usual form of sexual intercourse. Indeed, he practised regularly not only coitus a tergo, but also anal intercourse. I mention these facts to shew that coitus a tergo is certainly not exclusively a phantasy on the part of the child.

The following excerpt from the dream of a patient may help to solve this curious problem :

> ' Late in October, on the surface of a pond, turtles and oysters are cohabiting with one another. On the shore turkeys are doing likewise. The cohabitation takes place " from in front " ; nevertheless the dreamer knows that the penis enters the anus, and thinks : " It would be more convenient from behind ".

The patient's own birthday is late in October. The dreams immediately preceding this have all been concerned with the patient's parents, snakes, mountain-climbing, dangerous crevices in rocks where men have been lost, etc. The topic of parental coitus has been broached by the patient, who is fairly versed in analytic literature. However, he has always added that a haze envelops this subject in his own mind.

He at once remarks that turtles and oysters are respectively male and female symbols. He also says that his feeling in the dream, that although he *sees* the coitus taking place from in front, he nevertheless *knows* that the anus is the receptive organ, and therefore thinks how much more convenient the coitus would be from behind, corresponds exactly to his feeling whenever he thinks about the intercourse of his parents, which he is, accordingly, unable to visualize. He evidently saw a normal intercourse with the parents face to face ; but in his insistence on the role of the anus, tried to shift their position to what he could rightly consider the more convenient one. The further course of the analysis bears out this interpretation.

The dream exposes just that modification of fact by phantasy so typical of childhood. We all know how hard it is to influence a child's theories of birth. Certain of our statements are accepted, others are rejected and replaced by ideas in harmony with the current phase of the child's development. Children react in various ways to the observation of parental intercourse : some by total denial of the entire proceeding, others by acceptance of the act and modification of the method. Ultimately in some layer of the unconscious coitus must be accepted.

What a given child actually sees during the intercourse of its parents depends on innumerable factors and, above all, on the physical position of the child in relation to that of the parents. That the penis of the father is more likely to be seen than the vulva of the mother is obvious. As a matter of fact, only in the position of coitus a tergo is the vulva, along with the anus, easily visible, and then only if the room is lighted. However, if the child is physically able to see any-

thing at all, its conception of the phallic equipment of all adults will be seriously disturbed, even if it fails to see the actual vulva. Once the belief in the phallic nature of the mother is threatened, other observations on women—the mother or nurse on the toilet, a sister in her bath, etc.—lend their support to the idea of her castration ; and in various ways the vulva itself becomes known to the child. In the present case the patient as a small child slept between his parents. During their coitus he lay so close to them that no physical reason existed for his not seeing the vulva, even in the normal position of intercourse. Such a situation must often exist where the bed of the parents is shared by the child.

The discovery of the vagina is intimately associated, if not coincident, with that other most disagreeable discovery of childhood castration. Thus the child's insistence on coitus a tergo or anal intercourse is readily understandable. By this means the vagina is eliminated as unnecessary, since the anus serves the same purpose, is common to both sexes, and, moreover, at this time is still considered the birth canal.

The child knows from observation (the turkeys in the dream) that animals do actually cohabit from behind. I have had adult patients who, aware of the existence of the vagina in animals, nevertheless believed that cohabitation took place in the anus. Undoubtedly the child clings tenaciously to its belief in the anal theory of animal cohabitation. Indeed, one reason for the fondness of most children for animals may well be the lack of obvious sexual differentiation combined with the ease of observation of genitals and bodily functions.

No observation on animals would be sufficient to correct that made on the parents themselves were it not that in this case animals can be used to support a theory better liked by the child in its attempt to deny castration. Thus the child's notion of coitus a tergo depends for its constancy and strength on the fact that it at once permits the child to acknowledge what it has seen and at the same time to avoid the admission of the implied castration.

Ruth Mack Brunswick, New York.

THE ORAL LIBIDO IN LANGUAGE FORMATION AMONG PRIMITIVE TRIBES

It has been observed that the earliest sounds made by children are the labials (' p ', ' b ', ' m '), because the labial muscles utilized to produce these sounds are the same as those manipulated in sucking. The origin

of such early words as ' papa ' and ' mamma ' in the vocabulary of children can therefore be traced to the act of nursing, as the labial muscles used in the formation of the initial consonants ' p ' and ' m ' are also utilized for the purpose of oral gratification in nutrition (Hug-Hellmuth, Spielrein, Klein, Coriat). The philological viewpoint of the origin of speech agrees in its main features with the independent observations of psycho-analysis, that is, the earliest sound formations result from a physiological necessity (Jespersen).

Interesting light is thrown on this subject in a narrative of an ethnological expedition through the unknown jungles of the upper Amazon River.[1] In a tropical wilderness in the least explored part of the earth there was discovered an aboriginal tribe of small and ugly savages (the Pogsas). Their culture was very primitive ; they went about naked ; canoes were unknown to them ; and they possessed no knowledge of the art of weaving, basket-making, pottery, agriculture or of personal ornamentation.

In discussing their language, McGovern states : ' The language of the Pogsas I found most extraordinary. It bore no resemblance to any of the ordinary Indian dialects and contained many metallic clucks which I found it impossible to transcribe. It was therefore all the stranger to find the familiar sounds " pa " for " father " and " na " or " ma " for " mother ". These sounds almost seem to belong to a primordial universal language '.

Such an observation, from an independent ethnological source, is of importance in confirming the psycho-analytic viewpoint concerning the origin and formation of the words ' pa ' (papa) and ' ma ' or ' na ' (mamma or mother). The part played by both the earlier and later oral stages of the libido organization (sucking or nursing and biting stages) in the labial formation of these words is thus the same in peoples of very primitive culture, who have not advanced beyond the libido development of childhood, as in the civilized child.

We have here a demonstration that the formation of the words ' papa ' and ' mamma ' in both types of culture has its origin in the oral libido organization. The data so laboriously acquired by the field ethnologist thus stand in intimate relationship to the observations of psycho-analysis in the history of libido development. These fragments of thought and speech are therefore psycho-sexual develop-

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[1] William Montgomery McGovern, *Jungle Paths and Inca Ruins*, New York, 1927 (Chapter XII, ' The Beast Men of the Jungle ', p. 183).

mental processes taking place in the earliest pregenital period of the individual, and are the same in primitive man as in the civilized child.

Isador Coriat, Boston.

A PUN SYMPTOM

An obsessional manic-depressive, who had been under psycho-analysis for eighteen months, happened to be working through her oral phase. She was liable to attacks of sickness, as on previous occasions during the analysis when oral associations had cropped up—also, by the way, to a more serious manifestation, viz. the desire and threat to take poison.

About this time she was beginning to study French. Pronunciation was naturally the topic of the first few lessons, and she discovered that any attempt to pronounce the French 'u' made her feel sick, and on one occasion she actually vomited. On inquiry the only word with this sound in it that occurred to her mind was *parapluie*.

The symptom remained unexplained until an occasion when she was passing a tube station on top of a bus and noticed the word

'U
N
D
E
R
G
R
O
U
N
D'.

I do not know whether the 'U' was longer than usual, but it was remindful of a French letter (in two senses). It is needless to labour the condensation—the symptom has gone.

W. H. B. Stoddart, London.

THE FATAL NAME: AN EPIGRAM OF PHILODEMUS[1]

The long extract from Philodemus would appear worthy of quotation in a psycho-analytical connection. The psychical signi-

[1] The text of the epigram of Philodemus is given in Vol. I, p. 182, of *The Greek Anthology*, edited for the Loeb Classical Library by W. R. Paton and published in 1916. According to the editor, the epigram was included in a collection called the Stephanus or Wreath of Philippus, probably made in the reign of Augustus, and the poet himself flourished in the first century B.C.

ficance of personal names, first pointed out by Stekel, is very familiar to psycho-analysts; Mr. J. C. Flügel, for instance, referred to it in elucidating the matrimonial vagaries of Henry VIII:

'Ηράσθην Δημοῦς Παφίης γένος· ὐο μέγα θαῦμα·
καὶ Σαμίης Δημοῦς δεύτερον· οὐχὶ μέγα·
καὶ πάλι Ναξιακῆς Δημοῦς τρίτον· οὐκέτι ταῦτα
παίγνια· καὶ Δημοῦς τέτρατον 'Αργολίδος·
αὗταί που Μοῖραί με κατωνόμασαν Φιλόδημον,
ὡς αἰεὶ Δημοῦς θερμὸς ἔχει με πόθος.

I fell in love with Demo of Paphos—and little wonder! The next time it was with Demo of Samos; and that, too, gave small cause for astonishment. My third love was once more a Demo—of Naxos—and the thing began to be serious. My fourth love was Demo of Argos. . . . Surely the Fates themselves put on me the name Philedemos, since a passion for a Demo ever holds me in its grip!

T. Percy Nunn, London.

THE MANTLE SYMBOL [1]

In the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. VIII, 1927, Ernest Jones tries to explain the meaning of mantle symbolism and comes to the conclusion that the mantle symbolizes the penis, occurring more in the dreams of men than in the dreams of women, He stresses two points as proof. The first point is that the mantle is that part of the person's clothing which is most easily detachable, and the second point is the similarity between the ease with which the arms can slip into and out of an overcoat and the mobility of the penis-covering skin. In both points the castration fear is also included.

Jones' contribution clarifies Freud's first interpretation, in which the phonetic resemblance between man and mantle was the key to the explanation.[2]

In spite of the acceptance and proof of this interpretation, we are still left with uncertainties when it comes to an explanation. Recently I had the opportunity of hearing several dreams from various patients which dealt with the mantle symbol, and these dreams, together with the associations to them, seemed to give a more definite connection between penis and coat, if we regard the coat in its fundamental usage

[1] Read before the New York Psycho-Analytical Society, May 29, 1928.

[2] *Internationale Zeitschrift für Psychoanalyse*, Band I. S. 379.

as a covering for the body and then connect it with the original covering of the body (the first coat), the hair, and if we remember also that a hairy body is identified with masculinity.

The first two dreams were given by a woman with strong nymphomanic tendencies, and they read as follows:

> '1. I am going to take a bath with a woman friend. I am wearing the bathrobe of Mr. X.' (her lover) 'which he used to put on when he undressed for intercourse. I wear the coat in order not to catch cold'.
>
> '2. I am passing by the butcher's shop where I buy my meat. The butcher stands in the doorway and looks sad when he sees me carrying a basket containing a turkey. I go in to buy another turkey, but on the hooks around the wall, where the meats usually hang, there are fur coats'.

In her associations she starts by saying that she is very much excited sexually and is *out after scalps again*. This is her favourite expression for wanting a man. (The Indians hang scalps around their waists, not only for the purpose of shewing the number of victims they have killed, but also to keep themselves warm.) Then she talks about liking to pull playfully the hair on a man's body, particularly the hair on the chest. A hairy body means strong masculinity to her (cave man). Her lover is bald-headed: his body is not hairy. He does not satisfy her sexually. He catches cold very easily after intercourse, which he attributes to his bald-headedness, since he perspires very easily. That is the reason he uses a bathrobe. She prefers men who look as if they are covered with fur. The day previous to the dream her lover had given her money to buy a camel's hair coat.

In the second dream, in which fur coats replace the meat, which by the symbolism that meat means penis, is identical with fur, she describes the butcher as being of a very masculine type, as hairy as a cave man.

The next dream is of a male patient, twenty-seven years old, who shews partial impotentia among many other symptoms:

> 'I am soon to leave analysis. I am looking in the mirror and see myself quite changed. I am hairy all over and look like a gorilla'. (For this patient gorilla always meant underworld man gangster, and in his unconscious the highest type of masculinity.)

A few days afterward he dreams:

> 'Mother wanted to buy a coat, but it was very expensive'.

The night before this dream he had been out with a girl and enjoyed her company very much. The girl had talked to him about a squirrel coat which she wanted to buy, but the price was too high for her. At that moment he thought that the price would be too high for him also, since he understood that the girl wanted him to buy it. He had always paid a high price for sex, and suspected that girls liked him only for his money. He had contracted gonorrhœa three times, the last time during the first four weeks of analysis. He, although the youngest of the family, was the main support of his father, mother and sisters. His impotentia was partially castration fear and on a deeper level identification with his mother. The final result of the dream meaning would be remaining as his mother is, not having the coat, not being masculine, as it involves many dangers (which he expressed quite often by saying that being potent involves dangers).

Alexander S. Lorand, New York.

FREUDIAN CONCEPTS AMONG EARLY AMERICAN INDIANS

Two volumes entitled *The Indians of North America* have recently been edited by Edna Kenton. They contain selections from letters written to their superiors in France by Jesuit missionaries who worked among the American Indians from 1610 to 1791. The volumes are a mine of interest for psychologists and anthropologists, but I wish to select here only one of their theories, which is curiously like certain formulations of psycho-analysts.

In the Indian theory of disease quoted below are to be found the concept of the Unconscious as causing illness, and of free associations as a means of access to it, so stated as to remind us strikingly of Freud. The italics throughout are the reviewer's. Thus writes Father Joseph Jouvency, in 1610, of the Canadian Indians :

'They believe that there are *two main sources of disease* : one of these is in *the mind of the patient himself, which desires something, and will vex the body* of the sick man until it possesses the thing required. For they think that *there are in every man certain inborn desires, often unknown to themselves, upon which the happiness of the individual depends.* For the purpose of ascertaining desires and innate appetites of this character, they summon soothsayers, who, as they think, have a divinely-imparted power to look into the inmost recesses of the mind. These men declare that *whatever first occurs to them, or something from which they expect some gain can be derived, is desired by the sick person.*

Thereupon the parents, friends and relatives of the patient do not hesitate to procure and lavish upon him whatever it may be, however expensive, *a return of which is never thereafter to be sought.* The patient enjoys the gift, divides a portion of it among the soothsayers, and often on the next day departs from life. Commonly, however, the sick recover, plainly because their illnesses are slight; for, in the case of more severe complaints, these soothsayers are more cautious, and deny the possibility of ascertaining what the patient desires; then, they bewail him whom they have given up, and cause the relatives to put him out of the way.

'Thus they kill those afflicted with protracted illness, or exhausted by old age, and consider this the greatest kindness, because death puts an end to the sufferings of the sick. They display the same benevolence towards children deprived of their parents, whom they prefer to see dead rather than to see them miserable. They believe that another source of disease is the hidden arts and the charms of sorcerers, which they seek to avert by means of absurd ceremonies.' (Vol. I, pp. 7–8.)

That the theory in regard to disease and its unconscious causes and of free association as a means of access to it was not alone the observation of one or two even, but of others, and in connection with different tribes, gives it a deeper significance. Father Paul Ragenau wrote in 1648 of the Canadian Indians:

'Medicine men . . . assert . . . disease [is] caused by desires of the soul that trouble it, . . . and sometimes without special ceremony they will mention to the patient four or five things which they tell him his soul desires, that is to say that he must try to find them if he would recover his health. They then set about procuring for the sick man the fulfilment of his desires. . . . Private individuals take a pride in shewing themselves munificent on such occasions, . . . so that the patient will be provided with more than twenty valuable things which he has desired, and they remain to him when he recovers his health.' (Vol. I, pp. 508–509.)

Grace Potter, New York.

OBITUARY

James Warburton Brown

James Warburton Brown was born in London in 1876 and died of pneumonia, after a long illness, on December 8, 1928. He was educated at University College School and Charing Cross Hospital. In 1898 he obtained the diplomas of M.R.C.S. Eng. and L.R.C.P. Lond. Until the outbreak of war he practised as a dental surgeon. He served throughout the war in France and Salonika. On demobilisation he was attached to a neurological hospital under the Ministry of Pensions and from that time began his interest in psychopathology and psycho-analysis. He went through a training analysis in 1922, the completion of which, however, was unavoidably postponed, and was elected an associate member of the British Psycho-Analytical Society. He was active in attendance at the Society, but reserved in discussion. Being very occupied in practice and suffering for some time from poor health, he was unable to contribute much to the scientific work of the Society, but in March, 1928, he read a paper before the Society which we are glad to publish in the present number of the Journal. He was an assiduous helper in the reviewing and abstracting department of the Journal. His lifelong interest in the arts comes to expression in his paper, and the psychological significance of art is the subject he would undoubtedly have pursued further had he had the opportunity. Dr. Brown won the universal respect and affection of his colleagues through his persistent application, his gentle and kindly demeanour, and his steady loyalty to his friends and to the work to which he had devoted himself. His presence will be greatly missed among us and we deeply deplore his loss.

BOOK REVIEWS

Hemmung, Symptom und Angst. By Sigm. Freud. (Internationaler Psychoanalytischer Verlag, Vienna, 1926. Pp. 136.)

The extraordinary richness of the content of this book, which not only discusses a series of the most important problems of psycho-analysis, but at the same time throws new light on nearly every question within the range of psycho-analytical investigation, even if only in passing, presents the reviewer with a particular difficulty. Confronted with this wealth he has hardly any other course open than to make a selection, in which naturally an element of subjective interest is bound to enter. Perhaps this danger will be most readily diminished, even if not avoided, by presenting his material along the lines of the leading problems of the work.

Freud begins with the question of the difference between inhibition and symptom. Clearly both ideas have ground in common; there are inhibitions which are symptoms and symptoms which consist essentially of inhibitions; but they do not in general coincide. Now what are inhibitions? Freud discusses the various possible kinds of inhibition, and after reviewing the results of analytical empiricism he comes to distinguish three mechanisms. In one group of cases an activity appears to be inhibited on account of the meaning which it takes on; when an activity becomes sexualized, i.e. takes on a sexual meaning for the person concerned, or when this meaning, which may indeed be present in any case, becomes excessively pressing, the activity itself becomes subject to the defensive measures appropriate to its sexual significance.

In the second group it is not the meaning of the activity that is responsible for its inhibition, but the possibility of attaining results in reality by means of it; the person who is governed by the need for punishment must deny himself an action which the world or fate would reward with success. And finally the inhibition of an activity, apart from its meaning and its possible results, may be founded on a general impoverishment of the ego. An excessive absorption at another point, as in a case of mourning, or an excessive expenditure, in order to safeguard repressions, laboriously to maintain a labile equilibrium, make the ego weak and powerless for other tasks, make it appear inhibited in face of them.

Clearly it is common to all these cases that they relate to limitations of an ego-function, which may thus be seen to constitute the essence of an inhibition; a first distinction between inhibition and symptom then becomes self-evident, for a symptom cannot be described as a process of the ego.

These introductory considerations lead us to the first fundamental problem of the book, to the question of the boundary between ego and id,

of ascertaining the part which both systems play in every psychical act. The boundary in question is the boundary between instinctual and purposive processes, between blind propulsion on the one hand and the choice of suitable means for particular purposes on the other hand, and this purposiveness need not even be objectively appropriate, but may have validity only in the psychical world. It is the boundary between ' possession ' and control. The distinction sought for is not of such a kind that, say, one group of psychical phenomena is then to be regarded as originating in the id, and another as formed out of the ego ; the aim is rather to determine and mark the share of both in every phenomenon.

This is the point at which A. Adler came to grief. To him all mental processes appeared explicable in terms of the ego alone, neurosis and character were to him merely purposive. But even a conception of a quite opposite nature, a possible demonological theory of mental life, as it were, does not meet the facts. Freud decisively rejects every attempt at a philosophical simplification of the problem in this or that direction ; only exact empirical investigation which penetrates into the niceties of the psychological structure of every act can bring us gradually nearer its solution. The boundary between ego and id can only be found on the basis of abundant observations methodically investigated.

It is not difficult to fit this problem into its place in the history of analytical science. The first feat of analysis was the discovery of the id ; ego-psychology existed even before psycho-analysis, what was essentially new was the discovery of forces which affect the ego, which limit it and also determine it. The second of these two modes of influence shewed the way to the next object of analytic inquiry, to analytic ego-psychology which has investigated the share of the libido in building up the ego. And now we come to the third task, that of dividing off empirically the sphere of action of the two systems.

In this book Freud investigates three phenomena with regard to the share of the id and ego in each : anxiety, resistance and—in less detail—regression. One may ask why these phenomena in particular are difficult to fit into place. The conditions are in each case very characteristic. If we consider anxiety as experience then there can be no question that in face of it we behave essentially passively ; we are seized by anxiety, and therefore even the older theory postulated an origin for anxiety unconnected with the ego. But, on the other hand, anxiety has also a certain function which occasions a revision or amplification of the first very simple statement about it. And again, resistance was originally ascribed only to the ego ; here it was an observation, that of the repetition-compulsion and the negative therapeutic reaction, which complicated the theory and made it necessary to recognize resistances of the id and of the ego-ideal too. Finally, with regression the position is the same as with anxiety ; the fall-

ing back of the libido into old positions appears at first to be merely a legitimate reaction of the libido to privation ; only on closer observation is its function for the defensive tendencies of the ego visible. Alongside this group of problems a second one is developed in the course of the book ; the results of the new investigation of anxiety supply the means for probing more deeply into the problem of option of neurosis.

Discussion of the problem of anxiety now occupies the chief place. Since the beginnings of analysis there has been a theory of the origin of anxiety which sprang from the simplest case open to observation. In the actual neuroses Freud was able to establish a regular connection between the appearance of anxiety and disturbances of the normal course of the libido ; this discovery led to the conclusion that in every case anxiety appears in the place of the restrained gratification, forms, as it were, a transformation-product of the libido, thus offering a first stepping-stone to a theory of anxiety.

In this book Freud now subjects the whole question to renewed investigation with the help of the two carefully studied phobias of ' little Hans ' and ' the Wolf-man '. The result of these considerations does not give grounds for the universal validity of the older conception. In both cases it is clear that anxiety did not arise in the first place as the result of repression, as a product of the transformation of the affects inhibited in their normal course by repression, but that it already preceded the repression, and in fact was the cause of the repression. This anxiety, as far as its content is concerned, is in both cases castration-anxiety. Little Hans had to fear the punishment of castration if his instinctual tendencies were pursued further ; his anxiety related to the real consequences of his action as threatened by the outer world. With the Russian it is a somewhat different matter ; his instinctual tendencies were of a passive-homosexual nature and it is just from their fulfilment that the loss of his masculinity is to be feared : anxiety of castration as the external result of an instinctual gratification, or as an accompanying phenomenon belonging to the nature of the instinctual gratification itself ; anxiety, that is to say, of the vindictive outer world or of the instinctual claims dangerous to the integrity of the personality. It is common to both phobias that this anxiety appears on closer analysis to be the pre-condition and cause of the repression and not only its waste-product. And this conclusion cannot be altered by the possibility that the anxiety might be increased by the process of repression.

Thus the anxiety in the phobias is a reaction to a danger and a warning-signal on the part of the ego, which makes it possible to ward off the instinctual danger. The earlier conception, which put anxiety in a regular relation to any damming of the libido, still remains, but it is not yet clear how the two theories can be united in a single point of view. It is tempting to try and subsume the old conception under the new one by assuming

that the damming of the libido is felt by the individual as a danger ; but for the present we cannot get very far with this.

Freud now makes a comprehensive review of everything that psycho-analytic investigations have been able to tell us about anxiety. The earliest is the explanation of the formation of anxiety from damming of the libido. Anxiety then appears as the reaction to danger, a conception not far removed from the everyday view of the subject ; as a biological reaction, we may say, thus relieving psychology and putting the solution of the problem into the field of biology. But this leaves the nature of the danger still unexplained. Further, the work of psycho-analysis has shewn us that anxiety-affects are connected with a reproduction of the act of birth, and on this fact Rank has attempted to build up a complete theory of neurosis and character. Again anxiety also appears along with a reproduction of the reaction to danger, and the recent analysis of infantile phobias has led to the view that anxiety may arise from the ego as a provoked signal which is to interfere, by virtue of the pleasure principle, through the pain which it induces, with the course of the instinctual processes, and divert them away from a direction which might lead to an internal or external situation of danger. But these possibilities are not in any way to be considered as different forms of anxiety, in the sense that anxiety would have one origin in one case and in another case another. On the contrary, they are characteristics of anxiety which have a general validity, though at one time this and at another time that connection may be the more striking. We are now confronted with the task of working out a new superimposed point of view which shall co-ordinate and include them all. This point of view is to be gained from a consideration and more precise conception of the idea of danger.

The observation of the first and simplest situations which may be considered as dangerous, say a small child being left alone, gives us a penetrating insight into the essence of danger ; it is the condition of non-gratification and with it the growth of tensions resulting from ungratified needs.

Danger appears to be—and this has a universal application—everything which allows the stimulus-tensions to increase to such a degree that the psychical apparatus no longer feels able to cope with them. This view of the meaning of danger supplies a bridge to the first theory of anxiety, which represented anxiety as the immediate effect of an increase of stimulus-tensions which were being denied appropriate discharge. The new, more thorough researches shew how this effect may be forestalled by the ego and how the ego already reacts with anxiety to the possibility of such a hyper-tension in the future—with an anxiety which through the mechanism of the pleasure-principle henceforth influences the course of events and so prevents the actual occurrence of this possibility, thus acting as a warning-signal. The first studies made at the earliest period dealt with

the automatic appearance of anxiety; the present investigation shews how the ego can, as it were, discount the future situation by weakening it and through this capacity make effective action possible. We now also understand the Janus-like quality of anxiety, which appears to flow like a torrent from the id and yet at the same time is the servant of the ego. In the immediate reaction to the increase of stimulus-tension lies the share of the id; in the anticipation of the future and the reasonable action thereby made possible we have the share of the ego.

The relation of anxiety as automatic phenomenon to anxiety as signal seems to be analogous to the relation of the pleasure-principle to the reality-principle. Both can be reduced to the single conception of the striving for pleasure, just as anxiety can be to the single conception of being the product of excessive stimulus-tensions. It is essential to the reality-principle that the ego should anticipate future pleasure-pain situations, thus enabling the mechanism of the pleasure-principle to be set aside and the action influenced appropriately.

The phenomena of anxiety can now be differentiated according to two points of view. They may be considered according to their greater or smaller distance from the danger; the nearer the danger the more automatic the reaction, and the further from it the more active and impressive the role of the ego. Thus we may distinguish different kinds of anxiety according to their object, according to the content of the danger to which they react. Should we succeed in correlating the particular forms of anxiety differentiated by their content with the particular types of neurosis, we should have gained thereby a new vantage-point for the problem of option of neurosis. At this point in our observations we are confronted with the subsidiary problem of applying our deeper insight into the essence of anxiety to the question of the option of neurosis.

In previous psycho-analytical theory there were two conceptions of which we could avail ourselves for this problem: the conception of fixation, the retention of obsolete conditions of pleasure or regressive re-animation of them, and that of an internal divergence of development, of the unequal development of ego and libido.

Freud does not now reject these views, but amplifies and completes them by adding a point of view which takes into account the fundamental importance of anxiety in the origin of neurotic repression. The essence of the neurotic now appears to be the retention or re-animation of past and obsolete conditions of anxiety. That the libido regressively cathects earlier positions is not yet enough to cause a neurosis; only when the ego scents in this cathexis a danger which, though almost entirely appropriate to the infantile attitude, is anachronistic in the case of the adult (i.e. when the ego has preserved its infantile condition of anxiety) are the conditions for a neurosis completely present. It is easy to assume that various dan-

gerous situations correspond to various stages of the development of the ego, and that anxiety-conditions may be retained as ' petrifactions ' of various stages of development ; the question then arises whether these ' anxiety-fixations ', if one may so call them, may be exclusively correlated to particular neuroses. Freud distinguishes in the first instance anxiety about loss of love, castration-anxiety and anxiety in face of the super-ego, and makes the following relations : anxiety about loss of love is particularly characteristic of women ; it belongs to the genital phase and seems characteristic of hysteria. Castration-anxiety is male : it belongs to the phallic phase and has an unmistakable relation to phobias. Finally, super-ego anxiety is also essentially man's affair : it comes to the fore in the latency period and forms the centre of the obsessional neurosis.

Thus through these considerations we appear to have found a new approach to the old and obstinate problem of option of neurosis. But by correlating the forms of anxiety with stages of the development of the ego and with types of neurosis, all the possibilities contained in the new conceptions are not yet exhausted. We have still to distinguish the various forms of defence and to relate them to these correlations. The concepts of ' defence ' and ' repression ' have not yet been thoroughly differentiated. Freud proposes to reserve the old expression ' defence ' for the more general idea ; repression should be described as merely a certain characteristic special case of defence. From the great number of other defence-mechanisms, two processes peculiar to the obsessional neurosis (' undoing ' and the process of ' isolation ') are discussed in detail. Even regression appears on closer observation no longer exclusively as an automatism of the id, but reveals the participation of the defensive ego ; so that this process too takes its place among the ranks of defence-mechanisms. The question now arises whether these forms of defence do not stand in a regular relation to the particular affections, such as, for instance, might be presumed to exist between hysteria and repression. Our task, which arose from considering the nature of danger, has now been extended to the correlating of certain phases of infantile development with certain situations of danger, certain forms of anxiety, certain defence-mechanisms, with the peculiar nature of the anti-cathexis and finally with a particular symptomatology, a type of neurosis. The problem of option of neurosis is thus probed to a much greater depth ; the missing links, so to speak, which were lacking between the first and last factors, have been supplied.

But not even the addition of these links into the chain of the genesis of neurosis can alter the fact that what is really specific in neurosis eludes us now as ever. Neurosis is the automatization of anxiety-reactions ; but in the last analysis what is responsible for the fact that one group of people falls victim to this automatization, so remaining in an important part of their being perpetually infantile, while the rest of mankind manage to

escape it to a degree sufficient for practical purposes ? What is the specific cause of developing a neurosis ?

There are two attempts at a solution of this question. One of them, Adler's, presupposes the inferiority of an organ ; it is too simple to do justice to the phenomena ; the other, Rank's, disregarding all experience, hovers about in space. Psycho-analysis has no solution to hand. Freud draws attention to three factors which make special demands on man's mentality and which thus bear in them the possibilities of disaster : one biological, one phylogenetic and one purely psychological. We do not yet know what is specific in neurosis, we know only where it must be sought. The first has its roots in the long-drawn-out helplessness and dependence of the child ; thence comes man's eternal need for love. To this must be added the peculiar and surprising fact of the twofold ' thrust ' of his developing sexuality ; it imposes on human development a violent change of direction twice over and thus contains possibilities of misfortune. Finally, the purely psychological aspect of man's disposition to neurosis must be sought in the differentiation of the mental apparatus, in the construction of institutions which represent the claims of the outer world, so that an external battlefield is extended to within man's mind. Each of these three factors makes extraordinary demands on man and hence points out the territory in which the characteristic causes of neurotic reaction must be sought.

After his discussion of the problem of anxiety and the application of the results gained to the option of neurosis, Freud goes on to subject the phenomenon of resistance to a renewed investigation, with a view to correlating it with the institutions in the mind. He distinguishes five forms of resistance. Two of them are directed against making the unconscious conscious (the repression-resistance and the transference-resistance) and proceed from the ego. Appertaining equally to the ego, yet working as a resistance against recovery, is that one which is rooted in the secondary advantage through illness. The need-for-punishment resistance, which likewise guards against recovery, is to be ascribed to the super-ego ; and finally the repetition-compulsion resistance must be described as an id-resistance. The two last-named were the last to be discovered ; from our knowledge of them proceeded the most important amplifications of analytic theory.

It is not quite clear to the reviewer exactly how the line is to be drawn between the transference-resistance, which pertains to the ego, and the repetition-compulsion resistance which must be ascribed to the id ; both repeat instead of remembering. Perhaps the distinction between the two should be sought in a displacement of the accent ; in the sense, say, that the transference-resistance repeats in order not to have to remember (chief significance : I will not remember), while the repetition-compulsion

resistance rejects the memory in order that it may repeat (accent : I will repeat).

If we now cast a glance over the revisions and corrections which Freud makes to the analytic conceptions of anxiety and resistance, we notice that in both cases they take a different direction. With anxiety the earlier view, according to which the ego was, as it were, only the object, must be corrected in the sense that the ego is now seen to take a leading part. With resistance, on the contrary, the ego no longer appears to be the sole actor as in the earlier theoretic assumption. Both signify in the first place a complicating of analytical theory ; but yet there can be no doubt that they alone supply the necessary completion which was to be gained from employing Freud's differentiation of the psychical apparatus as made in ' The Ego and the Id '.

A continuous transition now takes place between the functions of the ego and the id. On the one hand a descent into the id by way of automatization, but on the other hand an ascent into the regions governed by the ego by way of *play*. The repetition-compulsion can enter into the service of the ego. ' The ego which has passively experienced a trauma, now actively repeats a modified reproduction of the same, in the hope that it will be able to direct its course independently. We know that the child behaves in this way towards all impressions that are painful to it, by reproducing them in play ; by changing in this way from passivity to activity it seeks to master psychically the impressions of its existence '. This book is almost too full of the seeds of new problems and solutions ; in the lines cited we find a stepping-stone to the solution of the question how the process which is the opposite of automatization, the emergence of psychical phenomena into the ego and thus out of compulsion into freedom, takes place.

Thus in this book Freud has opened new paths in every direction. Three questions, above all, appear which are of decisive importance for the problems which confront psycho-analysis. The first is the differentiation of the psychical institutions according to their participation in particular psychical phenomena. The second concerns the nature of the ego which appears to have a capacity for forestalling the future by modifying results, whereby course of events is actually altered by the mechanism of the pleasure-principle coming into force. From this point we find an approach to a causal explanation for the reasonable control exercised by the ego. And finally the third problem is a fresh statement on an extraordinarily extended basis of the question of the specific ætiology of particular neuroses ; to the old conception of libido-fixation is added the new one of danger, of its various contents, and the various forms of reaction to these.

All who know psycho-analysis and who live in its mental atmosphere are conscious that what is essential to it is not to be found in a volume of

theory dating from a definite period, but in its method and its development —its development, which is perhaps characterized by the fact that it is continually divesting our knowledge of the mind of its subjective features and disguises, and which thus indeed conforms to the essence of the development of scientific thought in general, overcoming by an endlessly converging process its basic antimony, i.e. that its means of dealing with its subject are themselves part of this subject, and that therefore investigation of the psychical is itself psychical. In this process and the inviolability of its law is contained, as in every true science, the essence of psycho-analysis also. This fact of the evolutionary character of psycho-analysis has been brought home to the reviewer once again by his study of *Hemmung, Symptom und Angst.*

R. Wälder, Vienna.

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The Social Basis of Consciousness. By Trigant Burrow, M.D., Ph.D. (Kegan Paul, Trench, Trübner & Co., Ltd., London, 1927. Pp. 256. Price 12*s.* 6*d.* net.)

If ever an authoritative 'Reviewer's Handbook' is compiled by some leisured psycho-analyst for the guidance of harassed journalistic colleagues, a good deal of space will doubtless be devoted to the Function of the Preface. In the meantime we must be content with cruder formulations, which have nevertheless the sanction of analytical validity. It is in keeping with our knowledge of free association to suggest that when an unwary or unusually candid author commits himself to anything more than a mere formal preface, the wary or unscrupulous reviewer does well to give that preface most of his attention: this is to some extent true for the Appendix, also for the Footnote, but for obviously psycho-analytical reasons the Preface is the spearhead of the argument; the sting of a book is more often in its head than in its tail.

From these prefatory and *a priori* incriminating remarks it will be gathered that, in the present reviewer's opinion, the significance of *The Social Basis of Consciousness* can be estimated only after careful study of the preface. Indeed, to make no bones of the matter, one might go so far as to say that the content and tendency of the book itself might safely be predicted from the preface alone. The author describes how in the course of 'analysing' a *student-assistant* (reviewer's italics) he accepted the latter's challenge to change places, found the situation intensely distasteful and jumped to the conclusion that the individualistic application of psycho-analysis was inseparable from authoritarianism. For some reason or other the assistant arrived at the same conclusion about the same time: as the result of further mutual analysis, both relinquished this authoritarian attitude, formulated a wider psycho-analysis on the basis of its more inclusive impersonal meaning and things went swimmingly. After this

classical description of an emotional relationship which in any ordinary analysis would be called a glaring example of counter-transference the reader will not be surprised to hear that in the preface the term ' resistance ' is used in a superficial and wholly inadequate sense and that the final form of the author's true resistance went unrecognized. What seems to have happened is that both experimenters effected a compromise by which the true implications of their emotional situation remained concealed from themselves ; there was to be no more personal analysis, but as the state of emotional rapport could not gain expression through the medium of professional and social relationships it secured some outlet by displacement of interest to philosophic and impersonal exchanges.

All this would be of mere clinical interest were it not for the fact that the author makes of his experiment a vantage point from which to criticize and suggest emendations of ordinary analytic procedure. The very first sentence of his introductory chapter states that after sixteen years of analytic work based on the principles of Freud he has arrived (by way of this experience) at a position which differs essentially from that adopted by followers of Freud. Here is no mincing of words, and it behoves us to be equally explicit. After a few minutes of Dr. Burrow's preface, the reviewer arrived at the conclusion that for sixteen years Dr. Burrow has been enmeshed in his own counter-transferences and that his claims to emend or criticize psycho-analytic technique are no more, indeed almost certainly less justified, than those of any academic philosopher reading of psychoanalysis for the first time in the impersonal depths of his armchair.

As far then as instructed criticism of Freud's method is concerned the book calls for no further comment : the task remains to consider how far Dr. Burrow contributes any useful supplement to or valid criticism of Freudian theory. From this point of view the introductory chapter is not helpful : it is clear that the phenomena of transference are irksome to the author, and that much confusion exists in his mind as to the relation of C and Pc to Ucs. More unfortunate still, a tendency exists to use vague and undefined concepts in a manner intended to suggest precision of thought but which merely promotes confusion. Take for example the first modification of Freudian concepts suggested in the following chapter : ' . . . sexuality as manifested to-day amongst the sophistications of civilisation is itself a replacement for the organic unity of personality arising naturally from the harmony of function that pertains biologically to the primary infant psyche. This original mode I have referred to . . . as the preconscious and this preconscious mode I regard as the matrix of the mental life. . . . In a word sexuality as it has come to exist socially to-day is identical with the unconscious, while a unification of personality is alone to be found through eliminating the recourses of substitution and sexuality and thus reuniting the elements of the conscious and organic

modes now kept asunder through the interposition of the unconscious '. The confusion that arises from this word-play is hopeless : to admit that it is a *modification* is simply to deliver oneself tied and bound to the logic of obscurantism. By comparison the schoolboys' game of proving that 2 = 1, provided we agree that x = a, is a guileless diversion.

And yet there is no doubt that at times Dr. Burrow is groping towards the expression of some valid psychological opinion : if only he could be satisfied with quotations from authors who have expressed these opinions clearly and to the point. Much of what he says concerning neuroses, normality, etc., etc., has been said in a few words by Freud. And yet on second thoughts this is a dangerous admission, for Dr. Burrow has an almost super-normal facility for wrapping up a simple thought in bunches of verbal chickweed. One may possibly have misunderstood him. Incidentally the author is clearly harassed by that familiar hobgoblin of theory ; psycho-analytic technique is but a subterfuge for the reality of life ; it is an added repression. In other words, the patient is manhandled with a theory, a form of resistance, the significance of which seems to have escaped Dr. Burrow during those first sixteen years.

In the second chapter the author succeeds after many fruitless attempts in stating his main thesis : it is that ' when we neglect to take account of the *organic mass consciousness of man* ' (author's italics) ' to which the personal systems of men, single and collective, are but relative, we fail to reckon with a significant dimension entering into the determination of the subjective life of man '. This is elaborated in the third chapter, and the modes of behaviour imposed on children are considered to see how far they ' arbitrarily contract life to the unreal aspect of a mere two-dimensional image '. At this point the forlorn hope that Dr. Burrow will make any realistic contact with his subject-material is finally dissipated. It is no excuse that this section of the book is headed ' The Philosophy of the Neuroses ' : the author does, in fact, quote some clinical observations, and it is not too much to say that they are characterized by their complete superficiality. In Chapters IV. and V. some reactions of anxiety in the social mind are considered, and a view of resistance is presented which has no point of contact with the psycho-analytic definition.

The second part of the book deals with the psychology of the neuroses. Dr. Burrow holds that Freud's work is limited by assigning totality of consciousness to single individuals, and he goes on to repeat what he has already said concerning the influence of parental prohibitions (' right ' and ' wrong ') on the interruption of the organism's societal life, etc. Incidentally tribal preservation is the dominant urge among us. The chapters on repression and resistance considered from the societal and individual viewpoints simply confirm the conclusions already formed by reading the preface. It is true that Dr. Burrow describes transference as an

unconscious condition which involves the analyst as much as the analysand, but he nowhere shews any psychological realization of this fact. Had he done so this book would certainly never have been written. A study of these two chapters together with that on ' Sexuality and Sex ' will do much to enlighten those who are still puzzled by the general trend of Dr. Burrow's work. This much, however, may be said : the author is just as hazy in his presentation of his own methods (group-analysis) as he is inaccurate in his presentation of the methods and theories of others.

Edward Glover.

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The Behaviour of Young Children of the Same Family. By Blanche C. Weill. (Harvard Studies in Education : Harvard University Press and Oxford University Press, 1928. Pp. 220. Price 13*s.* 6*d.*)

The subject of this book is one which must necessarily be of interest to every psycho-analyst, since it is psycho-analytical research that has revealed more fully and more deeply than ever before the profound significance of the family environment.

It is the relationship between the developmental force of character-traits and of family environment which leads the author to attempt to answer the following question which she posits at the opening of her book (Chapter I., p. 3) : ' Why, under what is apparently the same environmental pressure from the same general family situation, does one child develop one kind of behaviour problem and another child a different kind of behaviour, while a third or fourth child may present no evidence of maladjustment whatever ? Why does one child develop temper-tantrums under the same circumstances that bring forth neurotic vomiting or night terrors to his brother, while a third child proceeds quietly on his way with nothing more spectacular than a slight nail-biting ? ' She then proceeds to another question : ' Does the variant lie in the children or in the family situation ? ' and gives the reply furnished by popular opinion : ' In the children, of course. See how different their natures are ! It is almost unbelievable that two children of the same family, always treated alike, should behave so differently '. That popular opinion has much misunderstood the situation is clearly revealed by the author, who sums up the true one when she writes : ' No two people, adult or child, have the same environment. There is no such thing as an identical environment for any two individuals. What is apparently the same environment is modified in each case by the individual's sex, age, and order of birth—three forces over which there is no control. Not even death can obliterate the initial psychological effect of position in the birth series. Modification is brought about further by a host of other forces that are more under personal control, such as birth-place, personal drives, prejudices, the kind of conditioning from birth on and traumata ' (Chapter I., pp. 4 and 5).

All this is well and truly said and might give rise to expectation of valuable results from the investigation which follows, namely, the studies of twenty-five ' problem ' children who were brought to Habit Clinics owing to anomalies in their behaviour either at home or school. We are told that seventeen families are represented, and fifty-nine children in the families as a whole, that is, including the brothers and sisters of the ' problem ' children specifically concerned.

The work is divided up into the following sections :—

Part I. The Problem, Methods, and Material of the Study. Environment, Child Training, Habit Clinics. Classification of Undesirable Family Situations. Classification and Discussion of Factors common to the Environment of every Individual.

Part II. Analysis of Material.

Part III. General Summary.

The data in Part I. is extremely full, indeed one is tempted to say too full, for we are snowed under by classification and sub-classification, with hosts of items in every case. An illustration may be taken from Chapter IV., dealing with ' Factors common to the Environment of every Individual ', under which a list of ' Factors where there is an element of personal control ' is given, consisting of nineteen headings, several of which are subdivided into two, three, or four divisions, and these latter again subdivided into several divisions. Some of these many classifications are redundant or trivial.

Alongside of this elaboration, and herein lies the disappointment from a book whose theme promises so much, we find, too often, anything in the nature of a deeper analysis conspicuously lacking and in its place too much superficial deduction : though the author obviously intends a deep survey and writes throughout with sincerity and responsibility, the necessary knowledge would appear to be lacking. It is significant, in this connection, that there is no reference throughout to Flügel's book on the Family and very rare reference in footnotes to Freud, Jones, or any other psychoanalyst, but Adler's work is repeatedly mentioned. And, in accord with this, there is much in the way of generalized theory and ' principles ' of conduct suggested, without any investigation or evaluation. One of the most striking examples of this is to be found on p. 55, where the writer lays down ' *Four Main Attitudes to be maintained by Parents towards Children* ' (italics are the author's, please note).

1. ' Unswerving Consistency '.

2. ' Associating dissatisfaction (instead of satisfaction) with an undesirable habit '.

Of this we are told : ' Pay no attention to it [i.e. the undesirable habit]. Treat it casually. Do not shew the least concern '.

3. ' Carry consistency into the keeping of promises, good or bad '.

4. ' Tell the children the truth, so they may always believe what is told them '.

Apart from any other considerations, one really wonders if the author is living among a new race of parents who can behave according to her four remarkable principles and still more, a new race of children who ' always believe what is told them '.

Here, in fact, we have ethical ideals laid down, not scientific investigation, and the writer is confusing the two. But the careful, and often very acute, observation displayed in dealing with the cases, the obvious sympathy with the child-mind and the very warm general human sympathy revealed make this volume of value if used by experts.

Barbara Low.

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Autolycus or The Future for Miscreant Youth. By R. G. Gordon, M.D. (Kegan Paul, Trench, Trübner & Co., Ltd., London. Pp. 94. Price 2*s.* 6*d.*)

This is an admirable summary of the scientific outlook to-day on all problems connected with the young delinquent.

After emphasizing the fact that the conception of what constitutes crime varies in different countries and at different times, the author discusses the various motives which lie behind the present methods of dealing with criminals by punishment. From this he passes on to a consideration of the delinquent personality, which he defines as a person in whom there is ' a conflict between the ego and the environment '. The inability to adjust to the social order is the essential feature for study, and the ' underlying instability ', which is responsible for this, even when exhaustively studied, will be eliminated only ' by the slow process of eugenic education '.

Sociological, educational, psychological and medical conditions, as factors, secondary or otherwise, causing crime, are then dealt with. He accepts the Adlerian theory that a child's sense of inferiority from physical defect or mental retardation brings about a compensatory will to power and holds that delinquent behaviour is often a manifestation of this over-compensation. Very careful grading of the backward child is necessary. ' Wise psychotherapy may do much for such children, and psycho-analysis claims a great deal, but it is much too early to be sure of the good or ill effects of this procedure '. He tells briefly what is being done and what he hopes will be done, making many practical suggestions for environmental and educative changes. He tends here to be over-optimistic in thinking that lasting psychological changes in the individual delinquent can be brought about by reconditioning the external world.

G. W. Pailthorpe.

The Truth about Birth-Control. By George Ryley Scott. (T. Werner Laurie, Ltd., London. Pp. 184. Price 6*s.* net.)

The psychology and psychopathology of contraception, the special interest of readers of this JOURNAL, receive scant attention in Mr. Scott's vigorously written book. His physiology and pathology are sometimes speculative rather than based upon evidence; for instance, he states that in *coitus interruptus* the seminal vesicles are left partially occupied by secretions (whereas in normal coitus they are completely emptied) and the mucous membrane of the prostatic urethra is in a state of partial congestion. 'In time, through the continued repetition of these conditions, there arises a pathological hyperæmia of the verumontanum marked by chronic irritability, causing at first rapid and premature ejaculations and ultimately impotence'. He admits that the effects vary enormously in individuals, but quotes no observations in support of his pathology. In women, the author contends, the danger is less and is largely psychological. In both sexes, however, *coitus interruptus* means an interference with the orgastic process demanding an adjustment which many persons cannot make. The danger was ignored until Freud directed attention to it; but nowadays there is a tendency to exaggerate its ill effects, especially by those incapable of understanding psycho-analysis, but who yet find it fashionable to offer some sexual advice to their patients.

The sociological views are sensible and expressed with some warmth, but with humour and lucidity. Mr. Scott contends that the declining birth-rate is due, in the main, to conditions accompanying civilization with its postponement of marriage and the lowered fertility brought about by 'unnatural environment and unnatural food'. There is no evidence, Mr. Scott contends, that the world's food-supply cannot keep pace with the world's population. Whatever justification Malthus may have had for his fears when he wrote his essay, modern agriculture, chemistry and transport have belied those fears. The author neatly says 'those who advocate its practice [birth-control] on economic grounds are propounding not only a fictitious remedy, but a fictitious remedy for a fictitious disease. There is no food shortage, but shortage of money with which to buy food. How many children, if any, a couple want is entirely a question for each couple themselves to decide'. The author does not help the individual to come to a reasonable decision by ignoring the questions of religion, ethics, and psychology which do confront the would-be birth-controller; whether he realizes this or not, many considerations which are due to unconscious factors make a decision all the more momentous and perplexing to him or her.

The various methods of contraception are discussed and the advantages and disadvantages of each pointed out. Since Mr. Scott claims that his book is the only work dealing practically and dispassionately with the subject it is not out of place to call attention to a little book about which

these terms can more fairly be used—to the excellent shilling *Parenthood*, by Michael Fielding, which is more practical in its advice and entirely dispassionate.

M. D. Eder.

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Methods and Uses of Hypnosis and Self-Hypnosis. By Dr. Bernard Hollander. (George Allen & Unwin, Ltd., London, 1928. Pp. 191. Price 6*s*.)

In this book on Hypnosis and Self-Hypnosis the author has unfortunately failed to produce anything other than what has appeared in books of a like nature for many years. No serious attention is given to the theories of hypnosis and allied states as a result of investigations along psycho-analytic lines, and these are certainly worth the consideration of an investigator into the phenomena of hypnosis. When the author does refer to psycho-analysis in this connection his remarks are for the most part incorrect.

A view expressed in the preface (p. 8) arrests one's attention, as it contradicts the reviewer's experience. The author says, ' It will be shewn in this book that, contrary to common belief, *sleep is quite unnecessary for the induction of hypnosis* '. I have never heard it stated as a common belief that in order to induce hypnosis sleep is necessary.

On p. 175 the author states, ' In psycho-analysis a transference of affection takes place to the person of the physician ; not so in hypnosis '. And on p. 176, ' I have never found in hypnosis such a transference take place '. Let us now turn to p. 93. I will quote what the author says about one of his patients. ' Another instance of spontaneous recovery is that of a drug-taker (morphia injections), who could not for a long time make up his mind to submit to treatment. When he ultimately came, he, too, made a good subject. On the second day he brought me all his stock of morphia and syringes, and he has never fallen back since, as confirmed by his wife, and acknowledged by himself in *affectionate* letters every New Year '. (Reviewer's italics.) What more convincing evidence is needed to shew that a transference took place to the physician (the author) ? Yet, as I have mentioned above, the physician later on states he has never found this state of affairs in hypnosis.

D. B.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ANNA FREUD, GENERAL SECRETARY

ANNOUNCEMENT BY THE CENTRAL EXECUTIVE

I.—Swiss Medical Psycho-Analytical Society

On January 7, 1928, Dr. Emil Oberholzer, for many years President of the Swiss Psycho-Analytical Society, having resigned office, founded a new psycho-analytical society. He was joined in this by a number of medical members of the old Swiss Psycho-Analytical Society: Dr. H. Baenziger, Privatdozent Dr. R. Brun, Dr. A. Grossmann, Dr. A. Löpfe, Dr. M. Müller, Frau Dr. M. Oberholzer, Dr. H. J. Schmid. The new Society, to be called the Swiss Medical Psycho-Analytical Society, was formed because the medical men named ' felt compelled to found a medical organization '. In February, 1928, the new Society approached the Central Executive of the International Psycho-Analytical Association with a request for admission to the Association, giving their reasons for this step in a long memorandum. After mature consideration the Central Executive judged it necessary to disallow this request, because it seemed to them that there was not sufficient justification for founding the new Society and above all because they thought it very regrettable that a disruption of the original Society should be regarded as the only way to overcome the difficulties which had arisen. The direction of the original Swiss Society was taken over by a new Council, with Dr. Med. P. Sarasin as President. The other members of this Council are Herr Zulliger, Dr. Med. E. Blum, Dr. Med. H. Behn Eschenburg and Pfarrer Pfister, who shewed praiseworthy zeal in trying to infuse fresh life into the old society and to carry its work deeper.

II.—Brazilian Psycho-Analytical Society at San Paulo

At the end of 1927 the Brazilian Psycho-Analytical Society was founded at San Paulo for the purpose of providing a centre for the study of psycho-analysis in Brazil and of arousing more widespread interest in the subject in the scientific circles of the country. The names of the provisional Council of the new Society are as follows:

President: Dr. Franco da Rocha, Resident Professor at the Psychiatric Clinic of the Medical Faculty of San Paulo, founder and formerly director of the Hospital at Juquery.

Vice-president: Professor Dr. Raul Briquet, Professor at the Obstetric Clinic of the Medical Faculty of San Paulo.

Treasurer: Professor Lourenço Filho, Professor of Psychology at the Academy of Higher Public Education at San Paulo.

Secretary : Dr. Durval Marcondes, Psychiatric Inspector of Schools at San Paulo.

The Secretary of the new Society hastened to establish the most cordial relations with the International Psycho-Analytical Association. Since then the Brazilian Society has brought out a journal of its own, the *Revista Brasileira de Psychoanalyse*, which has been launched with fine enthusiasm and shews promise of much usefulness.

III.—The Eleventh Psycho-Analytical Congress

In accordance with the resolution passed at the Tenth Psycho-Analytical Congress, held at Innsbruck, the next Congress will take place in England ; the place will be Oxford and the date July 27–31, 1929.

In view of the earlier date of the Congress this year, intending speakers are requested to give notice of their papers to the President of the International Psycho-Analytical Association by March 1, 1929, at latest.

M. Eitingon.
Anna Freud.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1928

April 4, 1928. Dr. Theodor Reik : The psycho-analysis of fright. A dream of the compulsion to confess. (To be published in book-form by the Internationaler Psycho-Analytischer Verlag.)

April 18, 1928. Dr. Wilhelm Reich : Problems of analytic technique.

May 2, 1928. Dr. H. Nunberg : The theory of psycho-analytic therapy.

May 16, 1928. Short communications and reports :

1. Frl. Anna Freud : Report of a discussion held in Berlin on the psycho-analytical training of teachers. (Dr. S. Bernfeld reported jointly with Anna Freud.)

Bernfeld sketched the relations between education and psycho-analysis, shewing how the former depends on sociological factors and not on psychological ones, and suggesting the part which psycho-analysis might assume in education in a socialistic society. Anna Freud described how the teacher's own analysis would train his mind and alter the lines of his work in an analogous way to that in which change takes place in a patient who goes through an analysis. She drew a picture of a future ' analytical pedogagy ' in accordance with the views advocated in *The Future of an Illusion*.

The discussion which followed at the meeting of the Berlin Society shewed that there were wide differences of opinion amongst the members on this topic.

2. Dr. Federn : The aim of psycho-analytical education.

May 30, 1928. Frau Dr. Ruth Mack-Brunswick : A sequel to Freud's *History of an Infantile Neurosis*.

June 13, 1928. Short communications and abstracts :

1. Dr. Nunberg : A case of dissociation of personality.
2. Dr. Wittels : Bühler's ' pleasure in functioning ' [*Funktionslust*] and psycho-analysis.

In a discussion on Karl Bühler's book *Die Krise der Psychologie*, held at a meeting of the Vienna Academic Society of Medical Psychology, Bühler maintained that his conception of ' pleasure in functioning ' should be recognized as an addendum to the psycho-analytical theory of the libido. Taking as a starting-point Bühler's own definition of ' pleasure in functioning ', the speaker proceeded to shew that the concept thus termed can be subsumed under the term ' fore-pleasure '. For children everything which later becomes fore-pleasure is an end-pleasure or, rather, a never-ending pleasure, e.g. looking, caressing, playing, wrestling, etc. In this category, too, must be placed what has been called, in contrast to the ' male ' pleasure-curve with its sharp rise, attainment of orgasm and sharp decline, the ' feminine pleasure-curve without acme '. Bühler has derived his notion of ' pleasure in functioning ' from children's play, but it is a notion which can without difficulty find a place in the theory of the libido

3. Frau Dr. Deutsch : The ' debased ' family novel.
4. Frau Dr. Bibring : A contribution to the psychology of the ideas of death met with in paranoid schizophrenics. (This paper appears in the current number of the *Internationale Zeitschrift für Psycho-analyse* with a critical notice by the editor.)

June 27, 1928. Dr. Paul Federn : Further notes on ego-feeling and libidinal cathexes.

1. Primary narcissism is distinguished by a greater proportion of ego-libido ; secondary narcissism by a greater proportion of object-libido.
2. Ego-libido is not devoid of quality : from sexual dimorphism it retains the quality (form) of activity and passivity.
3. The boundary-line of the ego is not rigidly fixed, but is momently determined by the approach of psychic processes to the uniform, primary-narcissistic cathexis ; the uniform ego-feeling is maintained by a coherent narcissistic cathexis.
4. In so far as the libido does not attain to satisfaction similar to orgasm, it flows off to other psychic functions, imparting to them a pleasurable tone.
5. Sexual gratification is not simply a peripheral process, but also a combining of libido-quantities of different qualities within the ego. These quantities thereupon cease to exist.

6. The said orgasm-like combinations of libido take place also whenever wish-fulfilment occurs.
7. They all relate at the moment to the same objective content or to ego-and object-cathexes associated with the same function.
8. The process of sublimation consists in the cathexis with opposing ego-and object-libido of the resistances against such an orgasm-like combination of libido.
9. Repression of instinct manifests itself in the extension of the physical ego-feeling.
10. If the boundaries of the ego remain fixed on an earlier level, this is one of the causes of defective grasp of reality, even though there may be no actual alienation.
11. In obsessional neurosis the formation of symptoms proceeds from an actively libidinal delimitation of the ego : in hysteria the delimitation is passively libidinal.
12. The boundaries of the ego offer a variable resistance to demands from outside. For instance, pity is an extension of the ego-boundaries accompanied with passive ego-feeling.
13. In each stage the success of psycho-analysis depends on the re-awakening of the ego-feeling which properly belongs to the objects revived in the patient's mind.

Dr. R. H. Jokl,
Secretary.